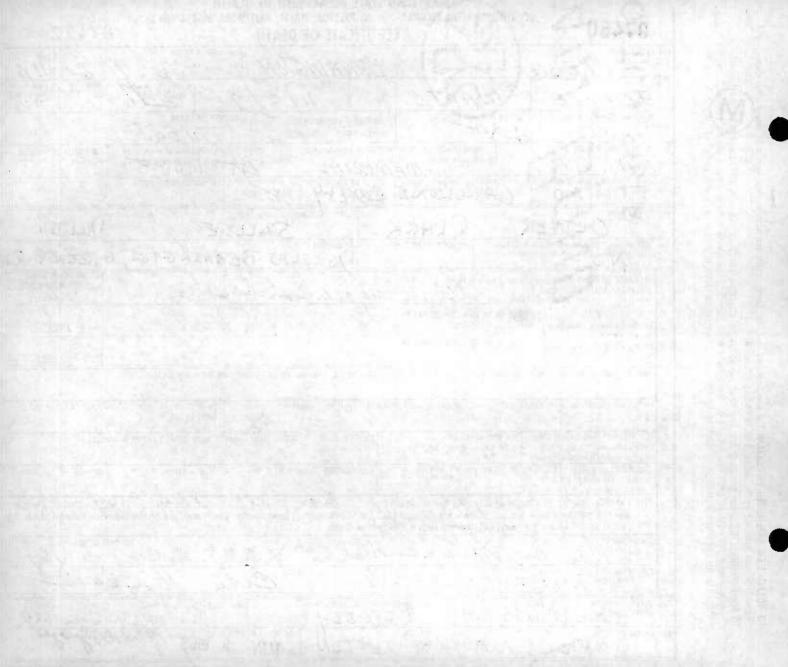
0	MARYLAND STATE DEPARTMENT OF HEALTH  DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07471
H DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month (Type or Print)  1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month OF ESTI-	20
partment af	William Henry Baptist DEATH MATED XX May	
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months Day Months Day Months Day	Yeor 2d. HOUR
4	7a. BIRTHPLACE (Stote or foreigh 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 M
	country) Mc USA WIDOWED DIVORCED Talbot	M
7 1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
18	Easton give street address) Memorial during mast of warking life, even if retired.)	INDUSTRY
# 20	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN  admission) STATE  13b. COUNTY  13c. NSIDE CITY LIMITS?  13e. STREET AND NUMBER	
DI L	ma lalbot caston is now raise the	B0x 178
5	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SÓCIAL SECURITY NO. 17. INFORMANT ADDRESS	2105
72 ha	(Yes, na, ar unknown) (If yes give war or dates of service) 218-10-5407 7772 Y (F A Bank)	5+
	18. CAUSE OF DEATH (Enter anly ane cause per jing for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
7.5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Colorchoons Prostate =	BETWEEN ONSET AND GEATH
	/85 X DUE TO, OR AS A CONSEQUENCE OF	
event within	Canditions, if any, which gove rise to immediate cause (a), (b) Y NETECTES	
A III	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
×		
	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2.1)	20. AUTOPSY?
X	WAS PERFORMED?	YES NO
	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, II HOUR A.M.	tem 18.)
	CAUSE OF DEATH P.M. 19	Country
	WHILE NOT WHILE factory, office building, etc.)	County Stote
	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	ond in my opinion
	deoth resulted from: Noturol couses , Accident , Suicide , Homicide , Undetermined monner	
	CHIEF MEDICAL EXAMINER	
1	SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
~	EXAMINER'S ACT DEPUTY MEDICAL EXAMINER S	-14-69
-	NAME (Type)  ADDRESS(Street, city, town, or county)	(6)
	23d. BURIAL, CREMATION, REMOVAL (Specify)  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)	(County) (Stote)
-	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
W	There H Nach of Entire med DAMAY 16 1969 10000	City Jungalina

- Marie Care Commence City To t 1 1 2 11718 11890 212 BZ 67 T 143 KM Contract of Icier-Tolket Exchange them have not 12 years Bophet Harris Deshields 218-10-5167 797415 N. Bakhast STATEL STATE THORNESS COM STATE THE THE

	1			ND STATE DEPARTMENT OF HE		
2		09100		, 301 W. PRESTON STREET, BALTIN	IORE, MARYLAND 21201	
	12	07480		CERTIFICATE OF DEATH		07472
<u> </u>		ECEASED-NAME First	Middle	Last	2o. DATE OF DEATH	oy Year 2b. HOUR
after death	1	Type or print) REBI	9 5	BENNINGION	Month D	oy Year 110 M
after after	3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years)	IF UNDER 1 YEAR   IF UNDER 24 HRS.
		FEMALE	WHITE	11/9/	9   last birthday	MONTHS DAYS HOURS MIN
hours hours	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	
d n den 72 H	tau	ntry) MQ	WST	WIDOWED DIVORCED	TAlbol	Md.
vithin 24 sly filled oan paper within 72	10.	CITY OR TOWN OF DEATH		ISTITUTION (If nat in hospital 12a. USUAL	OCCUPATION (Kind of work dane	12h KIND OF BUSINESS OF
and completely filled remaye carbon pape		EASIGN	give street oddress)	-111016/116	of working life, even if retired.)	INDUSTRY
completely ave carban y event, with	13a.	USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution: Residence before		TOO. STREET MITS HOMBER	
d complement	dun	issidily STATE	136 COUPTROLINE	CSDGE 19 YES NO		
and rem	14.	FATHER'S NAME FIRST	Middle Last	IS. MOTHER'S MAIDEN NAME First	t Middle	Losy
Se radin d			sig Clar	K SALL	-DE	MULDA
cate sicia olea , an	160	WAS DECEASED EVER IN U.S. AR!	MED FORCES? 16b. SOCIAL SECURITY		Address	CO- 100.00
An: The law requires that the death certificate becase all or attending physician. It is been signed by the attending physician and contains as the burial-transit permit. Then please remarked the purial crematian, ar remayal, and in any		140		1) onglas 13	BNNDNGTON,	C-KEENS BOND.
n ce Th		<ol> <li>CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE</li> </ol>	ly ane cause per line for (a), (b), and (c)	1.)	1.6.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
end mit. ar r		IMMEDIA	TE CAUSE (a)CCUSE	ally occurrent in	fact in	12 les.
att att an,		4109	DUE TO, OR AS A CONSEQUENCE OF			
the sit p		Conditions, if dny, which gave rise to immediate cause (a),	(b)			LANK BEAUTY
tran tran crer		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
ysici ned ial-		last.	(c)			
equires that the physician. Signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
ding the tree	No					
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by le 3 shauld be detached far use as the burial-traded with the State Dept. af Health priar ta burial, cre	CERTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
e be be	ERTIF	OL - ACCIDENT WAS INDEDIVIN	0 100 -000	YES NO		
AN. al o licat far Hec		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	G 21b. TIME OF INJURY H HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter no	ature of injury in Part 1 or Port 2,	Item 18.)
SICI. Split erriff ed 1	MEDICAL	(If either, natify medical exomi	ner) P.M.	9		
DING PHYSIC by the haspii (fer this certi be detached State Dept. af	~	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(TORY.) 21f. LOCATION Street or R.F.D. Na.	City or Town	County State
the delite for the delite for the formula del		at wark at wark	t to be a fall to b	A. A.		
by After be Staf		saw the deceased o	s haspitol) ottended the deceas	ed from 1927, ond that in (my) (my) opinio	_, ta_/ neag, 19	169, that (1) (we) last
R: Buld the	ŀ	couses stoted above	, (I) (we) (did) (did not) view the	body ofter deoth.	on the d	oreand nour ond from the
eta Programme Ar Vijar Signatur Programme Prog	1/3	22b. SIGNATURE	1 01.	110	220	DATE SIGNED
OR be red v ed v		1/ less 1	Ven Macuster	MED.  ATTENDING MED.  DIRECT	CTOR STAFF	1 Mers 69
rAL day		22d. PHYSICIAN'S	STON HARRY	22e. ADDRESS	6 //	0
SPITAL 4 may NERAL I tar, pag		NAME (Type) / HUR	STON MAKE	501V Cro	The flerry	Can
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	23a.	BURTAL CREMATION, 23b. 1	PATE 12 16 23c. NAME OF		23d. LOCATION (City or Tawn)	(Caunty) (State)
5 5 5 p		KEMDYAL (Specify)	12/0, 407 K	DIX-ELY,	ICT DGEL	1 CAR MY,
VR A15 40	24.	FUNERAL DIRECTOR	V MOOR BODRESS		SEGISTRAR 969 25b. REGISTRAR	SILMATURAGE
45M - 100		CHAPLE	? A' Legales	DATEMAY	3 1000	0



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1			07481	DIVISION OF VIT					RE, MARYLA	ND 21201	0747	3
0			(11407			ERTIFICA	ATE OF D	EATH				N-04-
	15 de 19 9		CEASED-NAME Fir	it	Middle		Last	20	DATE OF DEATH			2b. HOUR
	death death	1	ype or printi	ie Couch	1	Small	rold		May	Manth Doy	Year 69	970 M
	after defer	3. SI		4. RACE		12	DATE OF BIRTH		6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	the safe	F	EMALE	WHITE			8-8	8-80	10.51	birthday) YRS.	MONTHS OAYS	HOURS MIN.
	hours after deat in by the funeral rs. Pages I and thours after deat	7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT (	OUNTRY?	8. MARRIED	NEVER MARRIE	9. (0	UNTY OF DEAT	Н		
	d in d in	COU	New Jersey	U.S.	Α.	WIDOWED	DIVORCE	D 🗌	TALBO			Md.
	il il a E	10. (	ITY OR TOWN OF DEATH	11. NAME (	OF HOSPITAL OR INS			12a. USUAL OC	CUPATION (Kind	of work done	12b. KIND OF E	USINESS OR
	A Paris A		EASTON		SE IN T	HE PI	NES	House	Keepei	yen it retired.)	HO45EA	RADER
	executed within 24 hours after death decompletely filled in by the funeral amove corban papers. Pages I and 2 ony event, within 72 hours after death only event.	13o. adm	USUAL RESIDENCE (Where dece ssign) STATE W Jersey	Isin COUNTY Je:	Residence before	Plain	field Y	ES NO	13e. STREET A	ND NUMBER		
	executive company comp	_	ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAID	EN NAME First		Middle		Last
			Samue	l Julius	Couch	L	aura M	ulford				
	The law requires that the death certificate be attending physicion. has been signed by the ottending physicion of se as the buriol-transit permit. Then please in the prior to buriol, cremation, or removal, and in the prior to buriol, cremation, or removal, and in the prior to buriol, cremation, or removal, and in the prior to buriol, cremation, or removal, and in the prior to burion.	16a. Y	WAS DECEASED EVER IN U.S. A	RMED FORCES?  o war or dates of service)  16b 2:	SOCIAL SECURITY N		FORMANT Howard	V.L.B	loomfi	Address eld.	XFORD Xfor	
	ing phy Then remova		IR CAUSE OF DEATH (Enter	anly one cause per line fo	r (a) (b) and (c))						APPROXIN	ATE INTERVAL
	ottending permit. The ion, or remo		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ED BY:	Proni	x 857	nin.	Land	no-m	21	7 A	SEI AND DEATH
	de d	1	4399 IMMEI	DUE TO, OR AS A				8			dh	
	the ation	40	Conditions, if any, which gove		Carel	ral	arte	ries	Der	esie	1	ertain
	thot the on.  by the tronsit crematical crematical controls of the crematical control controls of the crematical controls of the crematical controls of the crematical control controls of the crematical control co		rise to immediate cause (a)	(0)								
1	physicion. signed by the buriol-tronsit buriol, cremat		last.	(c)								
1	physici physici signed buriol- buriol,		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN P.	ART 1(a)		
3	a mo he mg	z	Fracture	left le	mur.	Sever	eane	mia,	cause	mot a	Leterr	rened
N	e law retending so been as the prior to	CERTIFICATION	19a. DATE OF OPERATION 19	. CONDITION FOR WHICH C	PERATION WAS PER	RFORMED	20a. AUTOPSY	(?			ONSIDERED IN CE	RTIFYING
	the hos	RTIFI				4-1-1	YES	NO 🗆	CAUSES OF D			
	AN: The all or at icate ho for use Health		21a. ACCIDENT WAS UNDERLY		JRY anth Doy Year	21c. HOV	V INJURY OCCUR	RED (Enter notu	re af injury in P	art 1 ar Port 2,	Item 18.)	00
	pite point of the state of the	MEDICAL	(If either natify medical evar	piner Was + PM	14 (2) 10		Fell	wkile	on un	autho	rized	walk
	OR ATTENDING PHYSICIAN: The law requires the be retoined by the hospital or attending physicion.  SIRECTOR: After this certificate hos been signed by e. 3 should be detached for use as the buriol-troited with the State Dept. of Hearth prior to buriol, cre	W	21d. INJURY OCCURRED 21 While Not while at wark	e. PLACE OF INJURY (AT HOPFIN	OME, FARM, STREET, FAC E BUILDING, ETC.	10RY,) 21f. LOC	ATION Street of	R.F.D. No. Bryan	City or Tox		County	Stote Md.
	NC the ter the traff	13	22o. I certify that (I) (				4-9	, 1969	to 5-	21 .19	69 , that (	(I))(we) last
	ATTENDING etoined by the CTOR: After should be digith the State	12	saw the deceased	olive an 5-14 ve, (1) (we) (did) did		9 69, ond	that in (my)		death occur	red on the do	te ond hour o	nd fram the
	ECTOR: S shoul			re, (1) (we) (did) (did	not) view the b	oody after de	eath.			1 00		
	OR A Direct of Street of Wilder	15	22b. SIGNATURE ROB	ert W. T	rever	M. II. DEGREI	ATTENDING PHYS.	MED.	OR STAI	_ 1	DATE SIGNED	69
	AIL		22d. PHYSICIAN'S NAME (Type)				22e. ADDRES		Easte			601
,	HOSPI Poge 4 n FUNER director, should b	230.	BURIAL CREMATION, 23b	DATE	23c. NAME OF C	EMETERY OR C	REMATORY	230	. LOCATION (Cit	y or Town)	(County)	(Stote)
	She she			Rey 22 19	· Cod	aute	1.1		"Toral	enopo	106	7
	VR A15 PI	24.	FUMERAL DIRECTOR	1111	GAODRESS	5		G. REC'D BY REC		Sb. KEGISTRAR'S		> //
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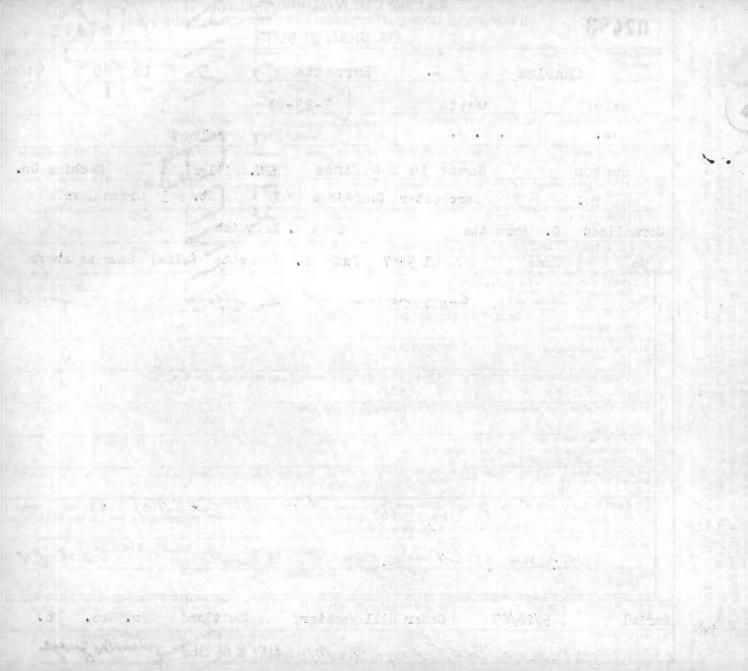
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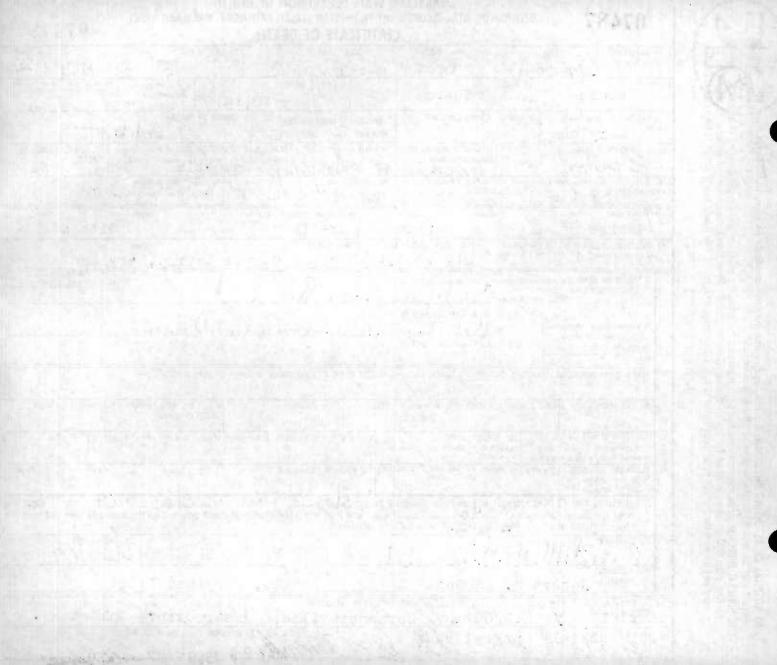
		ND STATE DEPARTMENT OF HE		
07101	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201	
01403		CERTIFICATE OF DEATH		07476
1. DECEASED-NAME (Type or print)	First Middle	Last	2a. DATE OF DEATH	2b. HOUR
16	mas Henry	Callahan 32	Manth Day	1969 700
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 4 HRS
MAle	white	2-24-3	last birthday) YRS.	MUNIHS DATS HOURS MIN
7o. BIRTHPLACE (State or for country)	11/00	MEACK MAKKIED	COUNTY OF DEATH	
MARYLAN		WIDOWED DIVORCED	TAlbot	. N
10. CITY OR TOWN OF DEATH	give street address)	NSTITUTION (If not in hospital   120. USUAL   during most	OCCUPATION (Kind of work done of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRIA RAGE
EASTO A	re deceased lived, if institution: Residence befare	13c, CITY OR TOWN 13d, INSIDE CITY LIMIT	of working life, even if retired.)	SERVICE STATION
admission) / SIATE	13b SOUNTY	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS	The state of the s	
14. FATHER'S NAME Firs	ep Caraba I I I I I I	15. MOTHER'S MAIDEN NAME First		VE,
Thomas	HENRY CAllaban	- M. 11 A	RAWFORD G	last Last
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES 16b. SOCIAL SECURITY		Address	VENEWA! !-
Yes, na Yunknown)	If yes give war or dates of service)		RAHAD CENTREU	ile, Md.
18. CAUSE OF DEATH	(Enter only ane couse per line for (a), (b), and (a	).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (a)	ant felians Las	Thoma	8 month
2/20	DUE TO, OR AS A CONSEQUENCE O			
Conditions, if any, which	(b)			
stating the underlying last.	DUE TO, OR AS A CONSEQUENCE OF			
_	(c)	IOT DELATED TO THE		
100000000000000000000000000000000000000	ANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART I(a)	
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 2Do. AUTOPSY?	2Db. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
19a. DATE OF OPERATION		YES NO IX	CAUSES OF DEATH?	The state of the s
		21c. HOW INJURY OCCURRED (Enter no	ature of injury in Part 1 or Part 2, I	tem 18.)
OR CONTRIBUTING CAL		19		
	21e PLACE OF INITIRY / AT HOME, FARM, STREET, E.	ACTORY.) 21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
While Nat while at work				
220. I certify that	(I) (this hospitol) ottended the deceosored olive on	sed from 18 mm, 1969	_, to_/8 2mg, 19	9, that (1) (we) lo
couses stoted	obove, (I) (we) (did) (did not) view the	body ofter deoth.	on deoth occurred on the dot	e ond hour ond from th
22b. SIGNATURE			22c. D	ATE SIGNED
SI	John J. Came	DEGREE PHYS. MED.	CTOR PHYS	-19-69
22d. PHYSICIAN'S NAME (Type)	Stephen P. Carney	22e. ADDRESS	[amer] and 21601	
			laryland 21601	
23a. BURIAL, GREMATION, PEMOVAL (Specify)	May 20, 1969 Chests		3d. LOCATION (City or Town)	(Caunty) (State)
24. FUNERAL DIRECTOR	ADDRESS	ERTIELD CEMETERS 25a. REID BY R	EGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
Jonn H. Back	of South Stos, Contini	De, Md, DAMAY 2	2 1969 TClian	las Judge

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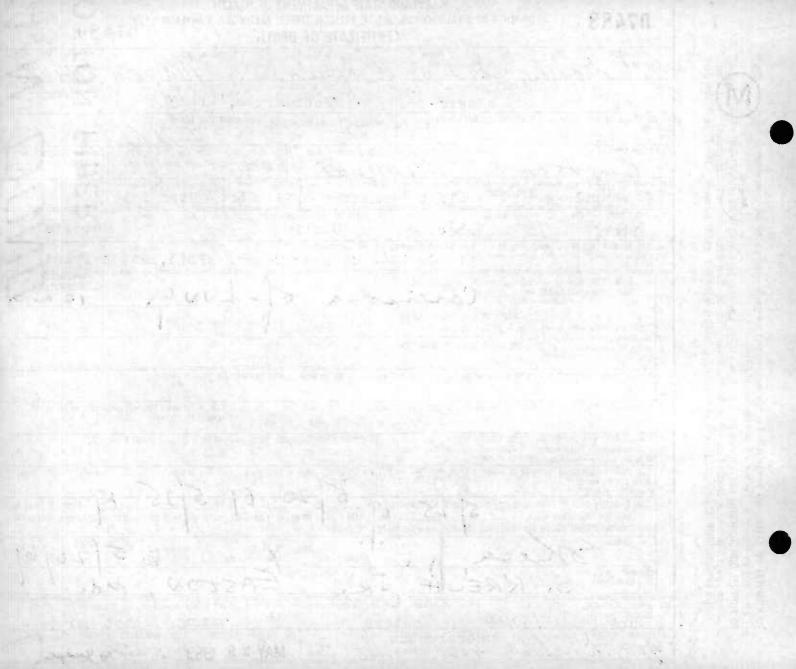
	1			LAND STATE DEPARTMENT OF		
	00	07485	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
				CERTIFICATE OF DEATH		07477
÷ _2 ÷		ECEASED-NAME Firs	st , Middle	Lost	2a. DATE OF DEATH	Jb HOUD
funeral and 2	(	Type or print) SARA	- h AM.	CARROLL	5 Month 1500	Yeor 69 1 AM
a di	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
by the f	12	EMALE	WHITE	6/2//	1913 South YRS.	MONTHS DAYS HOURS MIN.
by Pours	7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	10	9. COUNTY OF DEATH	
4 ho	cou	ntry) M-t)	USA	WIDOWED DIVORCED	Talbot	
n 2.	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If nat in hospital 12g, USI	JAL OCCUPATION (Kind of wark dane	12b. KIND OF BUSINESS OR
xecuted within 24 har a completely filled in the carbon papers, by eyent, within 72 har	1	EASTON	give meet address)	141 Hospital 195	most of working life, even if retired.)	JANDUSTRY N K
ed v	13a.	USUAL RESIDENCE (Where deced	ased lived, if institution; Residence b	efare 13c, CITY OR TOWN 13d. INSIDE CITY		1.5(1/1.)
be executed and came in any eye	dan	ission) STATE	13b. COUNTY ALBO	STEASTON YESE!	100 506 S. H.	URORA ST.
exe (any any any	14.	FATHER'S NAME First	/ Middle L	ost 15. MOTHER'S MAIDEN NAME	First Middle	Last
ate be	1	VILBUR H	, MORRIS	MARGAR	ET HENDRIC	KSON
cate Sicia Secial	160	er, ve, or unknown) (If yes give	RMED FORCES? 16b. SOCIAL SECU	JRITY NO. 17. INFORMANT	Address	M-
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician.  JIRECTOR: After this certificate has been signed by the attending physician/and completely filled in by the funeral e 3 shauld be detached for use as the burial-transit permit. Then please rethrough carbon papers, Pages and 2 ad with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72 lauretter death		110	01/8-04	-4485 W3. O.J. C	ARROLL, EAS	70X, (ID)
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	only one cause per line for (a), (b), or	nd (4)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
end mit.		IMMED	DIATE CAUSE (0) TELET	alized larcu	- matosis	1 GR
aff per ian,	U	1141	DUE TO, OR AS A CONSEQUENCE		0 0	1
the the matig		Conditions, if any, which gave rise to immediate couse (a),	(b) Cara	noma of	DReas 1	LYKS
trar cre		stating the underlying cause		CE OF		
equires tho physician. signed by burial-tran		lost.	) (c)			
required by physical points of the physical phys		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ding ding seen the ar to	NO	10- DATE OF ODERATION   10h	COMPLETION FOR HARRIST OPER ATTOMAS	AC DEPARTMENT		
as base of price of price of price of price of the price	CERTIFICATION	196. DATE OF OPERATION 196	b. CONDITION FOR WHICH OPERATION W		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
alth alth	ERT	21o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	YES NO		
fical far free far free far free far free free		OR CONTRIBUTING CAUSE OF OE	ATH HOUR A.M. Month Doy	Yeor	er noture of injury in Port 1 or Port 2,	Item 18.)
rspi aspi certi hed t. al	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e		19 EET, FACTORY.) 21f. LOCATION Street or R.F.D. N	City on Town	Court Chair
PH) e he his etad		While - Not while -	OFFICE BUILDING, ET	C. Street of R.P.D. N	a. City ar Town	Caunty State
or the de		22a   certify that (1) (th	his haspital) attended the de	rogsed from 101	5 to 5/15 10	that (I) (was last
d b d b d b c St e St		saw the deceased	alive on	190 and that in (my) (our) ar	pinion death occurred on the do	te and haur and from the
OR: dayl		causes stated abav	ve, (V (we) (did) (did hat) view	the bady after death.		1
RECT PROPERTY AND A SHAPE WITH WITH WITH WITH WITH WITH WITH WITH		22b. SIGNATURE	100 1	ATTENDING %	MED. STAFF 22c	DATE SIGNED O
be b		OO L DUNGISIANIS	recy 1	DEGREE PHYS.	DIRECTOR L PHYS. L 2	116/6
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached far use as the burial-transit permit. Then plays shauld be detached far use as the burial-transit permit. Then plays shauld be filed with the State Dept. af Health priar ta burial, crematian, or remayal,	H	22d. PHYSICIAN'S NAME (Type) S &	Krech/	JR 22e. ADDRESS E	AJTON,	Med.
HOS Je 4 CUNI ecto auld	230	BURIAL, CREMATION, 23b.	. DATE, 23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (Stote)
O Page	1	BURIAL, CREMATION, 23b.	1/8/1969 Woo	DIAWN EMIRIALTE	EASTIN A	77
VR AIS DUN	24.	FUNERAL DIRECTOR	ADI	DRESS 2So. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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C		1	11400	DIVISION OF THAL RECORD.	CERTIFICATE OF		CE, MARTLAND 21201	7480
	. 2 .	-	DECEASED-NAME Firs	it Middle				
	death death		Type or print)	Middle Middle	Lost	20.	DATE OF DEATH	2b. HOUR
		3. 9	DOLL	S rrun	Coppe	K)	Mayor	5-14/6911-AM
	<b>₹</b> \ <b>1</b> 3 3 €	3. 3		4. RACE	S. DINTE OF B		6. AGE (In years	MONTHS DAYS HOURS MIN
	E S S	70	Male BIRTHPLACE (State or fareign	Negro ·		ruary 2,	YRS.	
	hau in b rrs. 2 ho	(QL	ntrv)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		UNTY OF DEATH	1
	24 ape	10	Maryland			RCED	1 selve	Md.
	bing PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often by the haspital ar attending physician.  When this certificate has been signed by the attending physician and camplelely filled in by the the detached for use as the burial-transit permit. Then please remove carban papers. Pages State Dept. af Health prior to burial, cremation, or remaval, and in any event, within 72 hours after the prior to burial.	10.	CITY OR LOWN OF DEATH	give street oddress	NSTITUTION (If not in hospital	dumemestof	UPATION (Kind of work dane working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY None
	10 to	13a	USUAL RESIDENCE (Where deced	osed lived, if institution: Residence before	e 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
	requires that the death certificate be executed g physician.  I signed by the attending physician and cample burial-transit permit. Then please remove can burial, crematian, or remaval, and in any event	odn	ission) SMaryland	13b. COUNTY Talbot	Easton	YES NO X	Easton Poi	nt
	and camp remove n any eve	14.	FATHER'S NAME First	Middle Last		AIDEN NAME First	Middle	Lost
	n or		Walter	Roberts	Stell	la		Roberts
	physician and neon please reminately and in an and an and an and an and an and an an and an an and an an an and an	160	. WAS DECEASED EVER IN U.S. AR				Address	~
	phy en p		MO ,	217 09		s Copper	RFD#3, East	
	attending permit. The		18. CAUSE OF DEATH (Enter o PART 1. DEATH WAS CAUST	only one cause per line far (a), (b), and (	c).)	11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attendir attendir permit. ian, or re			MATE CAUSE (a) Lanci	woma	0 - 6	LUNY.	10 mgs.
	aff per ian,		1601	DUE TO, OR AS A CONSEQUENCE O	F	1		
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	equires that the physician signed by the c signed by the c burial-transit pr burial, crematia		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F			
1	ysic med rial, rial,		last.	) (c)				
18	reques plants		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITI	ON GIVEN IN PART 1(o)	
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1	PHYSICIAN: The law requires the haspital ar attending physician his certificate has been signed by stached far use as the burial-tra Dept. at Health prior ta burial, cre	CERTIFICATION	The brite of organion	. CONDITION TOK WHICH OF EXAMON WAS I	YES T		CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
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	CIAN oital of tificat far af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Day Yeo	r 19			
	NNG PHYSICIA by the haspital fter this certific be detached fa state Dept. af H	ME	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.		et or R.F.D. No.	City or Town	County Stote
	this this deta		While Nat while at work of work	COFFICE BUILDING, ETC.	1 5/2	0 (0	1/2/	10
	by the state		22o. I certify that (I) (th	his hospital) attended the decea	sed from	0,190	ta 3 25 , 19	DI, that (I) (we) last
	ed ?: A		saw the deceased of	alive one, (I) (we) (did) (did nat) view the	19 D , and that In (m	y) (aur) apiniah d	death accurred an the do	ite and hour and from the
	ATTENI estained CTOR: A shauld ith the		22b. SIGNATURE	e, (t) (we) (ala) (ala hat) view the	e body after death.		1 00:	DATE COURT
	NI OR ATTENDING y be retained by th the property of the proper		SX	reca h.	DEGREE PHYS.	MED.	R STAFF D	DATE SIGNED 6 69
	RAL DIR		22d. PHYSICIAN'S		22e. ADD		K - PH75	100
	ERA ERA d be		NAME (Type)	RRECH	JR.	EAS	TON. 1	ud.
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. at Healt	23a.	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (Stote)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			5/30/69 New	town	N	ewtown Talbo	t Marvland
	VR AGNA	24.	EUNERAL DIRECTOR	/ Juneral Moss	he Ma	2So. REC'D BY REGIS		
	45M - W	4	1.12. Wast	ull 426 None	r StE oster	DAMAY 29	1969 /Char	las Jugges.



MARYLAND STATE DEPARTMENT OF HEAD	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO	
Itemlı FilmGl13 5/29/69 kk CERTIFICATE OF DEATH	07481
1. DECEASED-NAME (Type or print) (Type or prin	. DATE OF DEATH  Month Day Year  2b. HOUR
5 VIIII CRBIN CUMMINS	3 2/ 1969 120M
3. SEX  4. RACE  S. DATE OF BIRTH	6. AGE (In years   IF UNDER YEAR   IF UNDER 24 HRS.
# White 9/18/7	last birthday) YRS. MONTHS DAYS HOURS MIN.
White    Part   White   Part	UNTY OF DEATH
THE SECTION OF THE COUNTRY MARKED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	7a/60+ Md.
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital days street address)  12. USUAL OCCUPANTION (If not in hospital days street address)	CUPATION (Kind of work done 12b. KIND OF BUSINESS OR
give street oddryss)  Eastow  give street oddryss)	working life even if retired.) INDUSTRY  INC. (AETTRED TRUST DEPT
give street oddrysss)    State   County   County	13e. STREET AND NUMBER
odmission) STATE ND. 13b. COUNTY TALBOT NU. EASTON YES NO IT	
14. FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First	Middle Lost
CHARLES MARION CUMMINGS ELIZABE	TH TONES
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Anknown)   (If yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. No. or Anknown)   18. No. o	Address
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Johnsown) (If yes give wor or dates of service)  18. CAUSE OF DEATH (Enter only one cause per lives force) (b) and (c)	anginas. EASTON MB
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or or linknown)  18. CAUSE OF DEATH (Enter only one couse per line-to-ro), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSCOURAGE, OE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one couse per live-to-to), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	DETRICEN UNSEL BAIL DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OKAS & CONSEQUENCE, OF	10000
Conditions, if ony, which gove	11/1/1/15/00
to the conditions, it only, which gove rise to immediate couse (o), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	www. your grand
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Model Lost IS. MOTHER'S MAIDEN NAME First IS	Molatella Class
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS	TION GIVEN IN PART 1(a)
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES \( \text{NO} \) NO \( \text{NO} \)  YES \( \text{NO} \) NO \( \text{NO} \)	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
and the second	CAUSES OF DEATH?
	CAUSES OF DEATH;
2 5 5 2 2 10. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter notu	
NO DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter notus)  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DOY YEOR	re of injury in Part 1 or Port 2, Item 18.)
21c. HOW INJURY OCCURRED (Enter noture of the contribution of the	re of injury in Part 1 or Port 2, Item 18.)
The state of the s	
of work of work	re of injury in Part 1 or Port 2, Item 18.)  City or Town County State
of work of work	re of injury in Part 1 or Port 2, Item 18.)  City or Town County State
of work of work	re of injury in Part 1 or Port 2, Item 18.)  City or Town County State
of work of work	City or Town County Stote  ta G-L, 19 C, that (I) (we) last death accurred an the date and haur and fram the
of work of work	City or Town  County  Stote  ta 3-2, 1964, that (1) (we) last death accurred an the date and haur and fram the  STAFF PHYS.   22c. DATE SIGNED  5-22-67
of work of work	City or Town  County  Stote  ta 3-2, 1964, that (1) (we) last death accurred an the date and haur and fram the  STAFF PHYS.   22c. DATE SIGNED  5-22-67
of work of work	City or Town County Stote  Ita G-Ld, 1960, that (I) (we) last death accurred an the date and haur and fram the STAFF PHYS.   22c. DATE SIGNED 5-22-69  Ls, Md. 5/22/69
Of Work of work  22a. I certify that (I) (this hospital) attended the deceased from 1907, and that in (my) (our) opinion causes stated abave, (I) (wo) (did not) view the bady after death.  22b. Skonature  22c. Physicians Name (Type) R. Lane Wroth  22c. Appress Michael  23c. Name Of Cemetery Or Crematory  23d. Name Of Cemetery Or Crematory  23d. Name Of Cemetery Or Crematory  23d. Name Of Cemetery Or Crematory	City or Town  County  Stote  ta 3-2, 1964, that (1) (we) last death accurred an the date and haur and fram the  STAFF PHYS.   22c. DATE SIGNED  5-22-67
of work of work	City or Town  County  Stote  Tag-Lag, 1967, that (I) (we) last death accurred an the date and haur and fram the series, Md.  STAFF PHYS.  Discreption (County)  LOCATION (City or Town)  County  (County)  (Stote)

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-		1	MARTLAND STATE DEPARTMENT OF HEALTH  OT LOND  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FO	R STATE			07482
	TH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Type or Print) Charge Claveland Davis	Day Year 2b. HOUR
delay and 3 1	13. F	3. 9	Ochili mateb 1/1/4	Zd. HOUR
			BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH  Talbot.	M.
ofter death	the Chief Medical Examiners, Office olong with form urial-transit permit. File pages Land 2 with the State De n any event within 72 hours after death.		(ITY OR TOWN OF DEATH  (Ordova (rural)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working file, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
rs ofter	Office olong and 2 with office death.	ď	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before deceosed lived, it is a supplication of the contract of the contract lived, and the contract lived lived, and the contract lived lived, and the contract lived lived lived, and the contract lived lived lived lived, and the contract lived lived lived lived lived lived lived, and the contract lived live	treet
24 hours in Item 18	ss Tand		George M. Thomas  Middle Lost  Is. MOTHER'S MAIDEN NAME First  Middle  Elizabeth E. Corkran	Lost
within	Examiner's File pages n 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na, ar unknawn)  (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  220-46-5179T Wendell Davis, Easton, Md.	
be executed within "pending" in pending	nief Medical E		18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  According to the control of th	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be ex	hief Meransit p		Canditions, if ahy, which gave rise to immediate cause (a).  (b) Service 1	
should se word	a the Chief I burial-transit I in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
certificate writing th	arded to d as a b al, and	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This cericate, wr	be used a	CERTIFICATION	196. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?  YES NO
LER: T	P P	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY TO RECONTRIBUTING THOUR A.M. P.M. 1972 19 09 DEATH  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, In December 2)	rem 18.)
EXAMINER:		W	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, farm, street, while at work at wo	Selei And
AL	ctar. Pa ned far ECTOR: I burial,		22a. <b>I certify</b> that I taak charge af the remains described abave, held an Autopsy, Inspection, Inquiry death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my apinion
ry please	e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to burial, crem	13	ACTUAL SIGNATURE MEDICAL EXAMINER MEDICA	signed, 1969
O DEPUTY			NAME (Type) Howard F. Kinnamon M.D. ADDRESS(Street, city, tawn, ar caunty)	
10	± ~ <b>6</b> ±	230	BURIAL (REMATION, 23b. DATE 1969 23. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) Easton, Md. 1	(Caunty) (State)
	VR A15ME (5) 10M REV. 1/68	1	HURSCE E. NEWNAM & SON, Easton, Md.   250. REGISTRAR   25	SIGNATURY SAME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07483 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Manth Year (Type or Print) ESTI-Page 0 jo DEATH MATED deloy Department o 3 SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD pup PM3 Male White 28 Aug. 1898 Day 6 70 YRS. 8 70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED 9. COUNTY OF DEATH farm Northumberland Talbot Co.U WIDOWED DIVORCED [ in Item 18. Give Pages 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in haspital death 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR along with Hospital Vice Pres. Paper ManffCo. Easton 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13W TO Bmico Salisbury Mairwland YES NO TE 1212 Camden Ave. 24 haurs and 2 Middle 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME Dr. William Henry Edwards Elizabeth Cockrell haurs pages izabeth T.Edwards(Wife) 4 shauld be farwarded to the Chief Medical Examiner within 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7-10-3566 File \_= be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a). This certificate should writing the ward stating the underlying cause .5 pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D remayal, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES DE NO [ pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Page factory, affice building, etc.) NOT WHILE I AT WORK AT WORK burial, 22a. I certify that I took charge of the remains described above, held an Autapsy 🔀 Inspection X Inquiry and in my apinian directar. deoth resulted from: Accident . Suicide Natural causes. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may b TO FUNER Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23g. BURIAL CREMATION 23d. LOCATION (City of Town) (Caunty) May 28/1969 Parsons Cemetery Salisbury. Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE COMPANY SALISBURY MARYLAND

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.evA geb			ocAmobite	Leafy Call
	oth Cocymil	Elisal	Henry Edwards	maililian .

0	07492 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07484
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2o. DATE KNOWN   Month	
lay is 1 3 to Poge ent of	(Type or Print) Mary Elsie Edwards DEATH MATED 5 10	0 169 2A M
2 and 3 PM3. Po	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNOER 1 YEAR IF UNOER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month Days	2d. HOUR
PM3.	Female   White   7-15-1891   77 vrs               5 00 10	Year 1969 M
The state of the s	76. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED FINEVER MARRIED   9. COUNTY OF DEATH	
form form te D	"Maryland U.S.A. WIDOWED   DIVORCED   Talbot	Md.
oges 1, 2, and 3 to the farm PM3. Poge State Department of	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 11)	2b. KIND OF BUSINESS OR
offer death  8. Give Poges 1  glong with fary  with the State D  eeth	Easton give street address) in the Pines during most of working life, even if retired.) IN	None
	130 USUAL PESIDENCE (Where deceased listed if institution, Peridence before 13r CITY OF TOWN 13d INSIDE CITY UNITS? 13e STREET AND MILAPED	
777	odmission) STATE and Caroline Greensboro YES INO Sunset Ave.	
hours of them 18.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	John Harvey Coursey Mable Laura Williams	
d be executed within 24 hours d'pending" in pencil in Item 1 Chief Medical Examiner's Office tronsit permit. File pages 1 ond 2 y event within 72 haurs offer of the contraction of the	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give war or doles of service)  220-03-50878 Alvin Edwards Greensho	
with per can	(Yes, no, or unknown) (If yes give wor or doles of service) 220-03-5087B Alvin Edwards Greensbo:	
ould be executed ' rord 'pending'' in the Chief Medical Es al-tronsit permit. Fi ony event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical permit.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Genility Chronic Brain Syndrome	10vrs
exe end Me Me it pe	542 X DUE TO, OR AS A CONSEQUENCE OF	
be hief	Conditions, if ony, which gave rise to immediate cause (a).  (b) Parlinso ism Trerinscleration	15 yrs
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iting iting ardec	Fracture of the right femoral neck non reduced because of	age
his certifore ore, writing of the forward or	19a. Date of operation 19b. Condition for which operation was performed?	20. AUTOPSY?
This ote for the feature of the feat	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY-Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item	YES NO TO
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DEPUTY SICAL EXAMINER: scessary, please execute the certiful e funerol director. Poge 4 should may be retained far your files. FUNERAL DIRECTOR: Poge 3 should prior to burial, cremotion,		
AL far far oR	22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry,	
se escholmed	death resulted from: Natural causes 🔼 , Accident 🔼 , Suicide 🗌 , Hamicide 🔲 , Undetermined manner 🗌	
please direct direct DIREC	CHIEF MEDICAL EXAMINER	
TY, please erol direct be retaine RAL DIRECT by prior to b	SIGNATURE TO M.D. ASSISTANT MEDICAL EXAMINER 220. DATE 310	INED 160
SSGI fune gy b	EXAMINER 3	
necessary, please e the funerol director 5 may be retained for FUNERAL DIRECT Health prior to bu	NAME (Type) Harold B. Plummer M.D. ADDRESS(Street, city, town, or county) Prestor  23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	
F - 1 - 1 - 1	PEMOVAI (Sperity)	County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07485 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH and 2 death. 2b. HOUR within 24 hours after death funeral and (Type or print) Manth ROBERT ESTERSON. Sr. 1969 HELMAR May 18 pers Pages 1 4 RACE S. DATE OF BIRTH 3 SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS HOURS Male. White 72 March 26, 1897 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH E Talbot County USA WIDOWED [ DIVORCED [ Minnesota filled vithin 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
V.P. Stapling Machines INDUSTRY remave carban St. Michaels Packaging 13e. STREET AND NUMBER and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) Maryland 13b. COUNTY St. Michaels YES 118 E. Chestnut St.. Talbot NO 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle and certificate be Ole Esterson Ingrid Svaard ease physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 0 crematian, or remaval, 161-03-3300 Mrs. Robert H. Esterson, St. Michaels, WW ] APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ETWEEN ONSET AND CEAT requires that the death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been priar ta CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING as CAUSES OF DEATH? YES 🗀 NO Y be detached for use State Dept. af Health certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) TO FUNERAL DIRECTOR: After this certi director, page 3 shauld be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram. 19 4 and that in (my) (app) opinion death accurred an the date and have and from the saw the deceased alive an be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DEGREE -DIRECTOR PHYS. PHYS. 220. PHYSICIAN'S 22e. ADDRESS NAME (Type) GUY M. REBSBR. Jr., M. D. St. Michaels. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (State) Olivet Cemetery May 20,1969 St. Michaels, Maryland RECO BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24.º FUNERAL DIRECTOR 30M REV. not meta a

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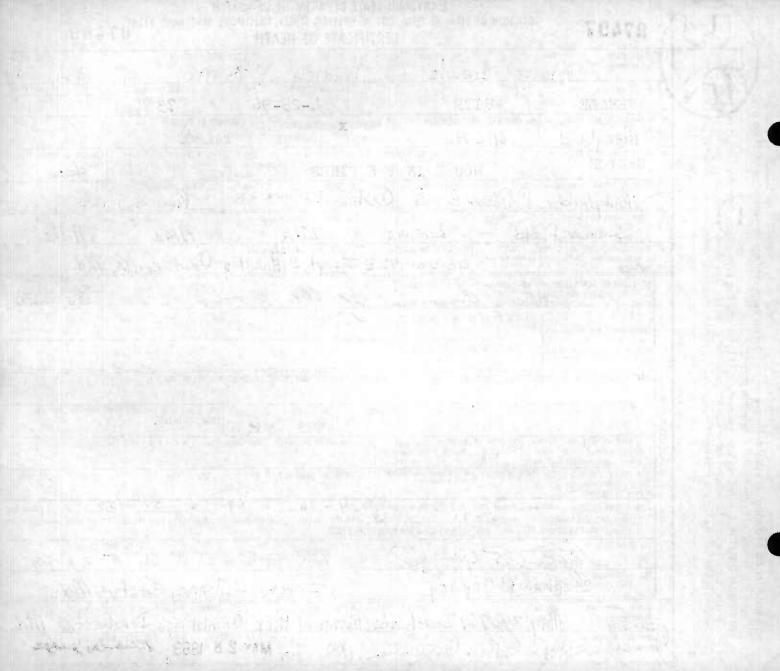
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MARYLAND STATE DEPARTMENT OF HEALTH 07494 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07486 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR crematian, ar remaval, and in any event, within 72 hours after death (Type or print) William Flamer Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. within 24 haurs after physician and completely filled in by the file please remave carban papers. Pages last-birthday) MONTHS DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 country) WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddres during most of warking life, even if retired.) **INDUSTRY** 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1300TF OR OWN 1991 133. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE 136. COUNTY YES [ NO TH 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na. ar unkhawn) (If yes give war ar dates of service) APPROXIM 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ON ET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Cardiac Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) Coronary Occlusion burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) aftending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to has been CERTIFICATION 8 190. DATE OF OPERATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? The YES 🗌 NO T Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased from May 5 , 1969, ta May 12, 1969, that (I) (we) last saw the deceased alive an May 12 1969, and that in (my) (aur) apinion death occurred on the dote and hour and from the couses stated obove, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE 15.1969 PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Charles Stone sifer, M.D. NAME (Type) Greensboro, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) BURIAL, CREMATION (County) (State) BURO CAR 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE MOOR

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		MARYLAND STATE DEPARTMENT OF HEALTH	
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phy phy ova	H	Yes www ii 213 01 0934 Mrs. Juliet S. Gillespie	Maryland,
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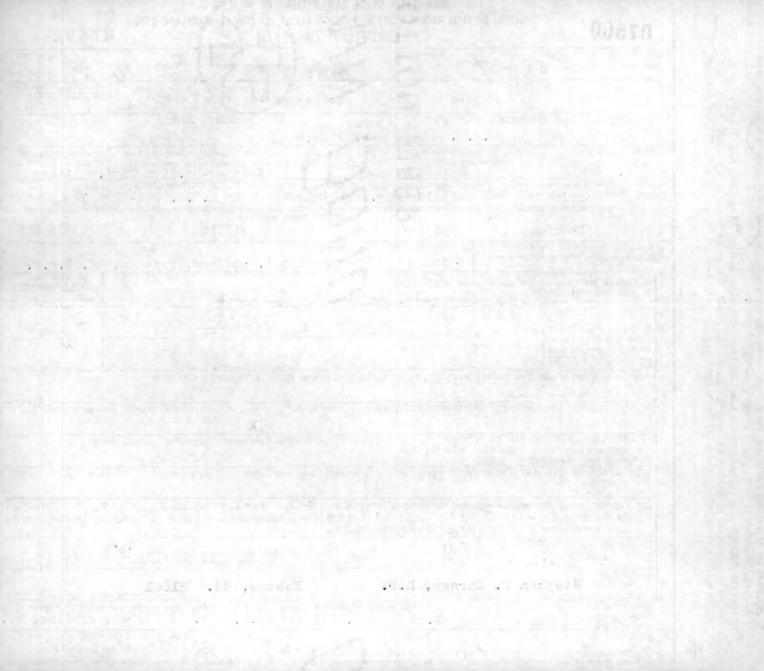
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2-			07498	DIVISION OF VITAL RECORDS,				
			117400		CERTIFICATE OF	DEATH		07490
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	nat 1 y th insit		rise ta immediate cause (a),	(b) Lature  DUE TO, OR AS A CONSEQUENCE OF	Sillen	<u> </u>		10 yu
0	equires the physician. signed by burial-trar burial, cre		stating the underlying couse last.	(c)				
V	physign sign suric		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE OR CONDITION	N GIVEN IN PART 1(a)	
10	The law renated attending that been sise as the better the priar table.	z	Houth	Puel mether	d'in			
2	law endin s beer as the	CATIO	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTO		2Db. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
1,8	The att has see the the the the the the the the the t	CERTIFICATION			YES [	NO X	CAUSES OF DEATH?	
	IAN: al ar iicate far us Healt		21 g. ACCIDENT WAS UNDERLYING GREATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OC	CURRED (Enter nature	af injury in Part 1 ar Part 2, I	tem 1B.)
	SICI Ispit ertif eed ied I. af	MEDICAL	(If either, notify medical examine			A PED No	<i>C</i> 2. T	6.1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		at wark at work	ACE OF INJURY ( AT HOME, FARM, STREET, FAI OFFICE BUILDING, FTC.	.00		City or Town	Caunty State
	by frer frer be Stat		22a. I certify that (I) (#hit	ve an Slag ded the decease	ed fram 1111 CL	1967, 1	0_5123_,19	29_, that (I) 🚳) last
	TEND ined OR: A auld the		saw the deceased aliv	(I) (va (did) (are not) view the	bady after death.	ppinian de	eath accurred an the da	te and haur and from the
	reta reta ECTC 3 showith		125 SIGNATURE + NA	1 DAMI	ATTENDI	NG MED	STAFF C STAFF	ATE SIGNED
	be Siled		Maleel	Marsal	DEGREE PHYS.	DIRECTOR	LI PHYS. LIS	27169
	may RAL Pa		22d. PHYSICIAN'S NAME (Type) Rober	t M. McDonald	M.D. 22e. ADD		ryland 21601	
	OSF ONE ctor	23.0	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY		OCATION (City or Town)	(County) (State)
	Page 4 may To FUNERAL I directar, pag	230	REMOVAL (Specify	1	nghill Cem		laston. Md.	(20011) (31018)
		24.	FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY REGIST	RAR 2Sb. REGISTRAR'S	
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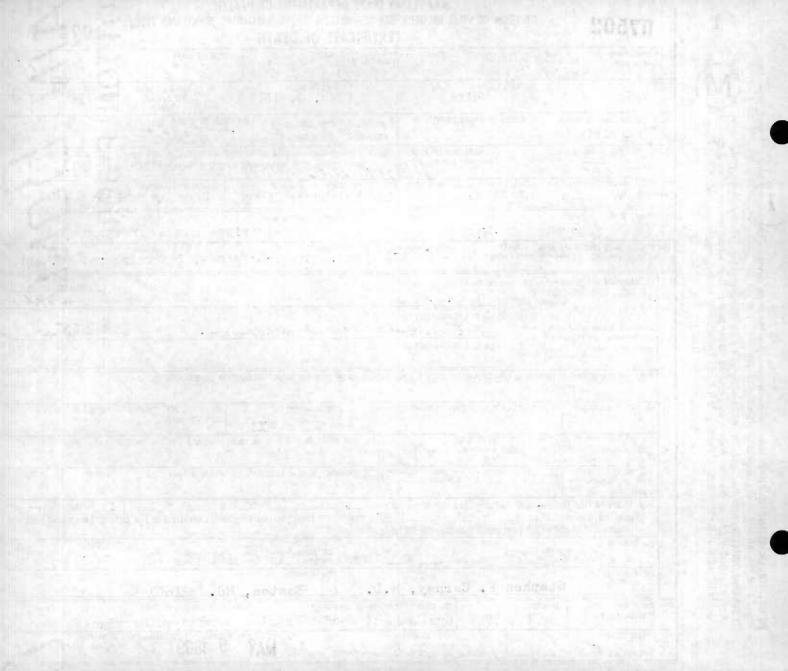
						EPARIMENT				
12		07499	DIVISION OF			STON STREET,		RE, MARYLAND 21201	0749	1.
	1. D		irst	Middle	CERTITICA	last		DATE OF DEATH		1 2h HOUR
		Type or print)		3.	No.	Dilou			Day Year	2b. HOUR
	3. SI		4. RACE		S	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
		F	W			3/26/18	85	last hirthday)	MONTHS DAYS	HOUSE
	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COI	UNTY OF DEATH		
		Md.	USA		WIDOWED X	DIVORCED [		Talbol		Me
8		CITY OR TOWN OF DEATH	give st	ME OF HOSPITAL OR IN	mon	in hospitol 12	o. USUAL OCC	UPATION (Kind of work don- working life eyen if retired.	e 12b. KIND OF INDUSTRY	BUSINESS OR
0	13ď. adm	USUAL RESIDENCE (Where de issian) STATE Md	ceased lived, if institution 13b. COUNTY	n: Residence before	13c. CITY OR TO	OWN 13d. INSI	NO DE CITY LIMITS?	13e. STREET AND NUMBER  3 Powelli Ave		
1	14.	FATHER'S NAME First	Middle	Lost	1S. /	NOTHER'S MAIDEN I	NAME First	Middle		Lost
		William Tho	mas Davis			Annie E	liza H	arrison		
	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY		ORMANT		Address	-01	
		no				orge Phi	lip He	lsby, Berwyn,		
		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one couse per line			1 11 . 11				MATE INTERVAL INSET AND OEATH
		IMN	EDIATE CAUSE (a)	steal.	2 1	120/11	20211	1		
		Canditions, if any, which go		A CONSEQUENCE OF						
	100	rise ta immediate cause (	a), (b)	A CONSEQUENCE OF						
		stating the underlying cau last.	(c)	A CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICANT		ING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEA	SE OR CONDITI	ON GIVEN IN PART 1(a)	1	
	2									
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS P	ERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	RTIFYING
	RTIF		Was I				NO ON			
		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	OEATH HOUR A.M.	Month Doy Year	21c. HOW	INJURY OCCURRED	(Enter nature	e af injury in Part 1 ar Part 2	2, Item 1B.)	
	MEDICAL	(If either, notify medical ex	aminer) P.M.	1	9	TION CAA D	CD. No.	Ch. or T-	Court	Cara
		While Nat while at work	ZIE. FLACE OF INJUNT	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211. LOCA	TION STREET OF K.	r.D. NO.	City or Town	County	Stote
		22o. I certify that (1)	(this haspital) atte	nded the deceas	ed from 4	- 2-6	1969	ta 5- 12 1	19.67, that	(I) (we) In-
		sow the decease	d alive an 5	-1L-69	19, ond t	hat in (my) (au	ur) opinion	deoth occurred on the	dote and hour	ond from the
		22b. SIGNATURE	ave, (I) (we) (did) (	did not) view the	bady after de	ath.		Loo	DATE CIONED	
		1/2	elf	fre	E GDEGREE	ATTENDING PHYS.	MED. DIRECTO	R D STAFF D 5	c. DATE SIGNED	160
		22d. PHYSICIAN'S DORS		Ħ	M. D.	22e. ADDRESS	- DIKECTO	K O PHIS. O	110/	1
		NAME (Type)			110 10	EA STON,	MD. 2	1601 %/12	/69	
	23a.		3b. DATE		CEMETERY OR CR	EMATORY		LOCATION (City or Town)	(Caunty)	(Stote)
		REMOVAL (Specify)	5/15/69		Hill			aston, Talbot		ind
0	24.	FUNERAL DIRECTOR		ADDRESS			REC'D BY REGI		R'S SIGNATURE	
V		Lay D. Hr	N.865.17	Tueston	, md	DATE	41 7 7	1969 gilla	LICES MACES	January B.

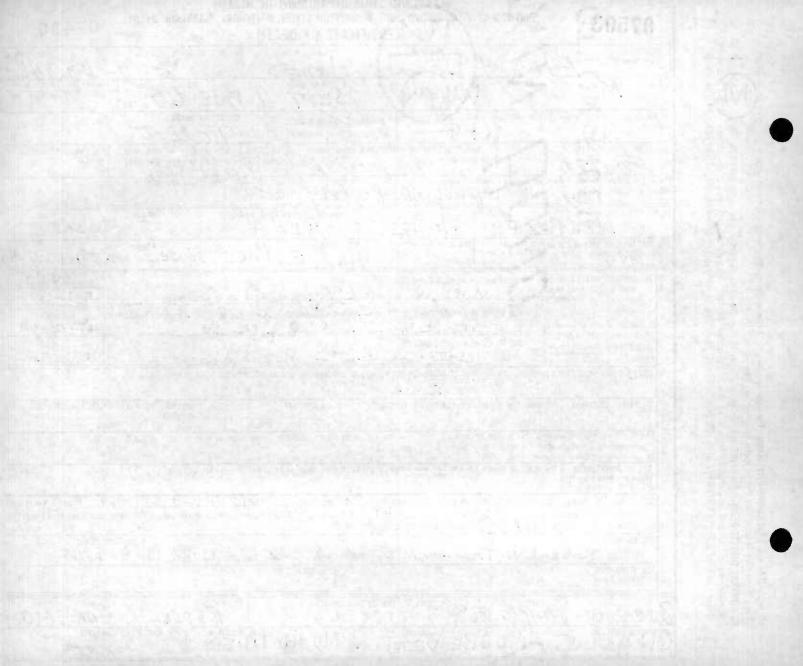
The Control of	1				DEPARTMENT OF HE		
		07500	DIVISION OF VITAL RECOR		ATE OF DEATH	IUKE, MAKTLAND 21201	07492
thin 24 hours after death.  filled in by the funeral in pages. Pages I and 2 inthin 72 hours after death.	(1	ECEASED-NAME (ype ar print)	arnest Middle		-	2a. DATE OF DEATH Month Do	Year 2b. HOUR,
after the fu ages 1 s after	. 3. SI	Male	4. RACE Negro	1	S. DATE OF BIRTH September 19,	1 886 6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
t hours	70. cour	BIRTHPLACE (Stote or foreign htry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	THEATY MINKKIED	COUNTY OF DEATH	
within 24	10. (	THY OR TOWN OF DEATH	11. NAME OF HOSPITAL Of give street address)	_	t in haspital 120. USUAL (during mast	OCCUPATION (Kind af work done af warking life, even if retired.)	INDUSTRY Church
ate be executed within 24 hours after iclon and completely filled in by the fuese remove corbon pages. Pages I and in any event, within 72 hours after	13o. adm		eased lived, if institution: Residence bel	fore 13c. CITY OR 1	TOWN 13d. INSIDE CITY LIMITS thlehenXES \( \text{NO} \)		
and co	14. 1	ATHER'S NAME First Char	Middle La les Hollar		MOTHER'S MAIDEN NAME First	Middle illie	Last Gibbons
ificate nysicion n please al, and	16a. Y	WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes gi	RMED FORCES? Ve war or dates of service)  16b. SOCIAL SECUL Unknow		FORMANT	Address olland, Preston	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and camplest director, page 3 should be detached far use os the buriol-transit permit. Then please remove cort should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event.		PART I. DEATH WAS CAU	only ane cause per line for (o), (b), one SED BY: DIATE CAUSE (a)	d (c).) we lee	ant faile	ne .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
not the not the or y the or insit pe		Canditians, if any, which gav rise ta immediote couse (a	),(	cleuli	i hunt d	nem	5 700
The law requires the attending physician. The bas been signed by se os the buriol-trar the prior to buriol, cre		stating the underlying coustost.	(c)CONDITIONS CONTRIBUTING TO DEATH BU		THE TERMINAL DISEASE OR CON	DITION CIVEN IN DART 1/-)	
w required by the principle of the princ	NOI	Vren	ina				
The lo attent attents has be use os the price.	CERTIFICATION		b. CONDITION FOR WHICH OPERATION WA		20a. AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
ilClan: pital or rrificate ed far u	MEDICAL CE	210. ACCIDENT WAS UNDERL  ☐ OR CONTRIBUTING ☐ CAUSE OF C (If either, notify medicol exa	HOUR A.M. Manth Day 1 miner) P.M.	Year 19		ature af injury in Port 1 ar Port 2,	Item 18.)
PHYS the hos this ce detache e Dept.	M	at wark at work	e. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.			City ar Town	Caunty State
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far ushauld be filed with the State Dept. of Heoli		22a. I certify that (I) ( saw the deceased causes stated abo	thi <del>s hospital) at</del> tended the deco alive an	eased fram_3 _19 <u>61</u> , and the bady after de	that in (my) (aur) opiniceath.	), ta <del>3^-/Y</del> , 19 an death accurred an the d	129, that (i) (we) last ate and haur and fram the
L OR All be retored by the policy of the pol		22b. SIGNATURE Lep	hu P Can	DEGREE	11113.	CTOR STAFF 22c.	DATE SIGNED - / 4 - L9
ro Hospital Poge 4 may I o Funeral C director, pag shauld be fill			phen P. Carney,		22e. ADDRESS Easton,		
TO HC Poge TO FUI direc		REMOVAL (Specify) Burial	May 17, 1969 Mt.Z		Holiness Cemt		(County) (State) em, Caroline, Md.
VR A15.	24.	rampton	Tunoul Hone o	Tederals	Lun mal DALE 2	REGISTRAR 25b REGISTRAR	S SIGNATURE



1.0	7	1				STATE DEPARTMENT OF		
N. S.			- 110 22 43	DIVISION C	OF VITAL RECORDS, 30	I W. PRESTON STREET, BAI	LTIMORE, MARYLAND 2120	)1
X			07501			RTIFICATE OF DEATH		07493
	4 -24	1. 0	ECEASED-NAME	First /	Middle	/ Last	2g. DATE OF DEATH	2b. HOUR
	after death.	1	Type or print	or top	Cillory	Harney	Month of	30× 14/9 /230M
	a /5 a	3. 5	EX	4. RACE	1	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 2 HRS.
	within 24 hours after death tely filled in by the funeral rban papers. Pages, and 3 within 72 hous after death		MALE	WI	HITE	JUNE -	lost birthday)	YRS. DAYS HOURS MIN.
	by by	70.	BIRTHPLACE (Stote or foreig	n 7b. CITIZEN OF	WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	0 1
	24 ho d in pers. 72 h		MARYLAN	VD (		IDOWED DIVORCED	late	Nd.
	within 24 hours sly filled in by the coun papers. Page within 72 hours	10.	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INSTITUTE Street address)	TION (If not in Caspital 12a. US	UAL OCCUPATION (Kind of worked	ane 12b. KIND OF BUSINESS OR
	Page /	5	as tou		MILLIA		mest recording life, even if eth	
	e executed with and completely remaye carbain in any event, with	adm	USUAL RESIDENCE (Where issian) STATE	deceased lived, if instit		CITY OR TOWN 13d, INSIDE CITY HESTED YES	NO	
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	icate be executed within 24 hor sician and competely filled in please remave carban papers. , and in any event, within 72 h	14.	HAPOV	/ Middle	HORNEY	15. MOTHER'S MAIDEN NAME	First Midd MIE	IERSON
	rian cian and and	160	. WAS DECEASED EVER IN .O.	S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	Addre	
	requires that the death certificate be g physician. signed by the attending physician an surial-transit permit. Then please raburial, crematian, ar remaval, and in		res, no ar unknown) (If y	res give war or dates of service)	217-16-714	14 MRS. KEBA	HORNEY-C	HESTER //D.
	ren cer		18. CAUSE OF DEATH (En PART I. DEATH WAS	iter anly ane cause per	line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ndir ndir iit.		PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	Pleural	cancinson	atomi	Dec. 1967
	afte afte an, (		1991		R AS A CONSEQUENCE OF			
	t the		Conditions, if ony, which	gove)	Met	astatic a	ancinoma	Dec 1967
1	tha an. by ran cren		rise to immediate cause stating the underlying c	(0),(	R AS A CONSEQUENCE OF			
di	equires tho physician. signed by burial-tran burial, crer		lost.		Prima	my site in	nknown	Uncertain
N	The law requires the attending physician. has been signed by se as the burial-tranth priar ta burial, cre.		PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT R	LATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
1	ding ding the	NO.	19a, DATE OF OPERATION	TION CONDITION FOR I	WHICH OPERATION WAS PERFOR	MID IN AUTORIVO	LOOK IS VEC WERE SWIDE	100 CONCIDENCE IN CENTURY
	The law ratending has been se as the the priar ta	CERTIFICATION	176. DATE OF OPERATION	195. CONDITION FOR V	VITICE OPERATION WAS PERFOR	MED 20a. AUTOPSY?  YES NO	CALISES OF DEATHS	IGS CONSIDERED IN CERTIFYING
	ar or	ER.	21a. ACCIDENT WAS UND	ERLYING 216 TIME	OF INJURY		ter nature af injury in Port 1 or Po	rt 2 Item 18 \
	CIAN iffica iffica if He	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical e	DE DEATH HOUR A M	1. Month Doy Yeor	THE HOLD GEORGED (EI)	ic. nature at injury in Fort For For	11 2, 116111 10.)
	YSI asp cert cert ched pt. a	MED	21 J. INTURY OCCURRED	21e. PLACE OF INJURY	A. 19 Y (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street at R.F.D. N	la. City ar Town	Caunty State
	this this Dela		While Not while at wark		OFFICE BUILDING, ETC.			
	ING by t fter fter tate		22a. I certify that (I	) (this haspital) a	ttended the deceased f	ram, 19_	, ta,	19, that (I) (we) last
	OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attendin JIRECTOR: After this certificate has been e 3 should be detached far use as the ed with the State Dept. af Health priar the	1	saw the deceos	ed alive on	19 d) (did nat) view the bod	, and that in (my) (our) of	pinion deoth occurred on the	e dote and hour and from the
	ATT estair CTO share iff	1	22b. SIGNATURE	bave, (i) (we) (aic	***	4.17		22c. DATE SIGNED
	OR DOR TO Se 3 Sed w		Roll	Bert W.	Trever	DEGREE PHYS.	MED STAFE	5-26-69
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciantor, page 3 shauld be detached for use as the burial-transit permit. Then postally the state Dept. of Health priar to burial, crematian, ar remaval,		22d. PHYSICIAN'S NAME (Type) Rob	ert W. Tr	ever M		n, Maryland	21601
	UNE UNE Scror	23g	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City or Town)	a (Caunty) (State)
	O S S S S S S S S S S S S S S S S S S S		B MON AD SPRATUL	MAY 2	18 STEVE	NSVILLE	STEVENSVI	LE MD.
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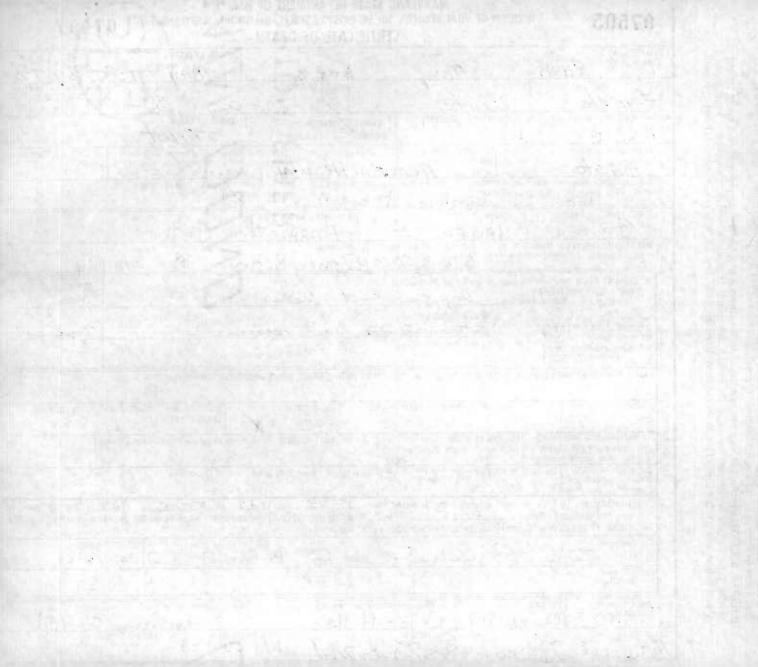
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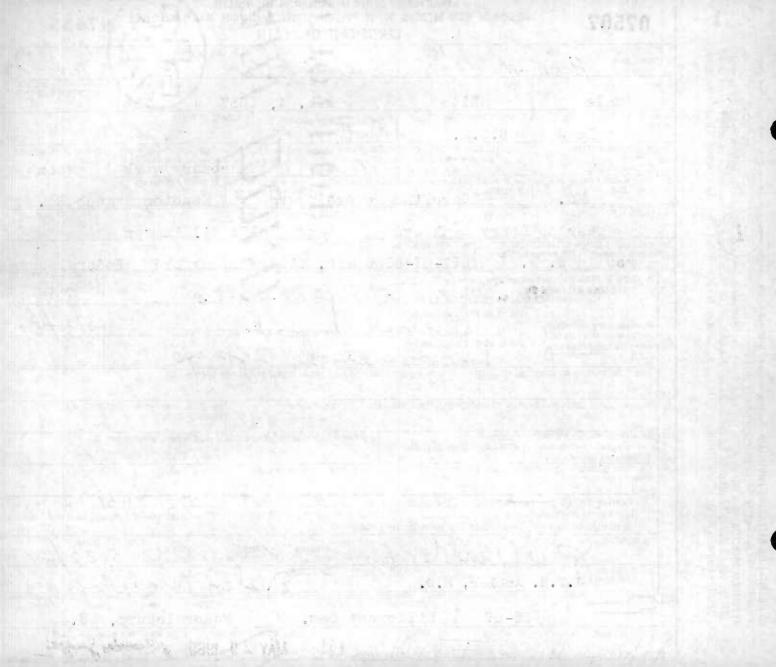
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			01003			ATE OF DEATH		07496	
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	£ 67	1	MALE	White	100	3/6/1	last burthday)	YRS. MONTHS DAYS HOURS M	AIN
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	n eli ori	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (	OR INSTITUTION (If no	t in hospital 12a. USU	IAL OCCUPATION (Kind of work	done 126 VIND OF BUSINESS OF	
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	ecuted within 24 hours after compressly filled in by the for love corbon popers. Rages Y, event, within 72 hours after	12-		///	MURIAI	140 Sp: +191	nosy of working life, even if reting to the control of the control	SMAN	
	a Esa	ndm	ission) STATE/	osed lived, if institution; Residence be	fore 13c CITY OR	TOWN / 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBI	8	
	ond compression on year	Guit	Sidily State of STD	130. COUNTIALBO	TEAS	TON YES N	00 200S A	TURDRA ST	to-
	ny ny	14.	FATHER'S NAME First	Middle Lo	ist IS.	MOTHER'S MAIDEN NAME	Firm Mild		==
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	ote licio an	16a	WAS DECFASED EVER IN U.S. AR		RITY NO. 17. IN	IFORMANT O	Addre	ess	
	a, b	1	es, ng/drunknown) (If yes give	war or dates of service) 2/3-63	-9025 E	MORY U.	DNES ( PA	ETON MAD	
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	en Tie	100	18. CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), an	d (p).)	71 1	· hard	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	off off	FU	PART I. DEATH WAS CAUSI	ED BY: IATE CAUSE (a)	Enal 1	Unoren 122	4	3/41	
	de the the the the the the the the the th	130	433 a IMMED	- \ /	7			say!	-
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	pad si pad page		PART Z. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	UI NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)		
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	lov he be	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?	20P IE AEZ MEDE EINDI	NGS CONSIDERED IN CERTIFYING	_
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	一 ことの手/	RI				YES NO			
	ate o		21a. ACCIDENT WAS UNDERLYI	12.2 01 1100111	21c. HO	W INJURY OCCURRED (Ente	r nature of injury in Part 1 or Pa	urt 2, Item 18.)	
	A 声音の主	2	OR CONTRIBUTING CAUSE OF DEA		Year			Control of the Contro	
	Sp sp serfert errited to contract to contr	MEDICAL	(If either, notify medical exam 21d, INJURY OCCURRED 21e		19	ATION C			
	by he he		While Nat while	OFFICE BUILDING, ETC	11, MCIORT.) 211. LOC	ATION Street ar R.F.D. No	. City ar Tawn	Caunty State	
	he the		of work of work		O STATE OF	1.			
	N V V Ter		22a. I certify that (1) (#	nis hospital) attended the dec	eased from	7 / roles 196	1 to 18 Mars	1969 , that (1) (we) lo	act
	Aff Pos		saw the deceased of	dive on 18 Puss	_1969 and	that in my Lauren	irian douth accurred an th	e date and haur and fram the	151
	the second	10	causes stated abov	e, (I) (we) (did) (did not) view	the hady after de	enth	what deam accorred all th	e date and navi and fram is	ne
	E in 15 8 4		22b. SIGNATURE	1	The bady affer a	00111.		On DAYS STOURN	-
	Wile Wil		220. Sichtight	W		ATTENDING A	MED. STAFF	22c. DATE SIGNED	
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	5-5	1	2011 CHL -	5/20/1969 JA	RING	HILL	EHSTON,	(ID)	
	VR ALL RV	24.	FUNERAL DIRECTOR	/ / Aldo	RESS			RAR'S SIGNATURE	
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	a sa je	160	WAS DECEASED EVER IN U.S.		Y NO. 17. INFO		7 15.61	
	physician and physician and and and and and and and and and a			ive war or dates of service) 578-12-9		0 1	Preston	1/2/
	he death certifi e attending phys permit. Then tian, ar remaval	-	100			more K. H	662 Lucy LON	APPROXIMATE INTERVAL
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1	ng en en to t	z						
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	eals each	CEN.	21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	21c. HOW	_	noture of injury in Port 1 or Port 2,	Item 18 )
	fall far	SI	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Day Yeo	r	THE TELEVISION OF THE PERSON O	notore of injury in toll 1 of toll 2,	110.1
	rent cert hed t. a	MEDICAL	(If either, notify medical exa 21d, INJURY OCCURRED 2		ACTORY N 216 LOCAT	TION Steent or D.C.D. No.	City or Town	Court Shake
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	OR ATTENE be retained DIRECTOR: A le 3 shauld ed with the	17	causes stated abo	ave, (I) (we) (did) (did nat) view the	bady after dec	ath.	man deam accorred an the ac	ite and nour and tram the
	F S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE				22ε.	DATE SIGNED
	d w		Kenk	in G. Camero	2 DEGREE	ATTENDING M	ED CTAFF	16-69
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	OSI UNE crta	230	BURIAL, CREMATION, 23	b. DATE 23c. NAME OF	CEMETERY OR CRE	EMATORY	23d. LOCATION (City or Town)	((
	Pag Pag dire	230.	REMOVAL (Specify)	1Ay 17, 1969 Cede	CEMETERT OR CRE	1	0	(County) (State)
	5-5	24	FUNERAL DIRECTOR	ANDRES ANDRES	76 411	250. REC'D. B'	Y REGISTRAR 2Sb. REGISTRAR'S	
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	MARYLAND STATE DEPARTMENT OF HEALTH
12	07506 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07498
	CERTIFICATE OF DEATH
7.∉	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
3	(Type or print) Sharon HAVEL Krabill Manth Doy Year 153
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yeors Funder 1 YEAR OF UNDER 24 HR
	Male White 7-5-1894 last birthday) YRS. MONTHS DAYS HOURS MI
	O. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	(duntry) CHDO WIDOWED DIVORCED Talbot
	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
0	Easton give street oddress) In The Times Ost of working life, even it retired INDUSTRY ODL
	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER
100	admission) STATE MD VSb COUNTY ROLINE DENTON YES NO BY
2	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
200	WILLFAM KRABILL FLORENCE BOSSERMAN
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Junk (Down)   (If yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address
	Yes, no, grupknown) (If yes give wor or dates of service) MRS. S. HAVEZ KRABDLL, DEWTON
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-1	PART I. DEATH WAS CAUSED BY: Hadykin'S lymphorux 1 year
	20/X DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gave
	rise to immediate cause (a), (b)  Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	lost. (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
1	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED. (First nature of injury in Port Lor Port 2. Item 18.)
ı	YES NO NO CAUSES OF DEATH?
	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  (If either, notify medical examiner) P.M. 19  2 Id IN 11 PY OF CLUPPED 2 18 PLACE OF IN 11 PY AT HOME FARM. STREET, FACTORY 1 21 & LOCATION Street or P.F.D. No. 6 by or Town. State.
	While Not while at work of wark
	22a. I certify that (I) (this haspital) attended the deceased from 25 Month, 1969, to 3 May 1969, that (I) (we) lo
	22a. I certify that (I) (this haspital) attended the deceased from 25 ffor 1965, ta 3 key, 1969, that (I) (we) los saw the deceased alive an 1969, and that (my) (out) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
1	22b. SIGNATURE 22c. DATE/SIGNED ATTENDING WED STAFF 22c. DATE/SIGNED
1	Alers I ha Harrison W.C. DEGREE PHYS. DIRECTOR LI PHYS. LI 7 May 69
	22d. PHYSICIAN'S NAME (Type) TIURSTON HARRISON 22e. ADDRESS Law Mary Caul
-	
1	230 BURIAL CREMATION, 23b. DATE (1969) 23c. NAME OF CEMETERY OR CREMATORY (County) (State)
-	
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of of		ECEASED-NAME First (Ype or print)	1 7	last,	2a. DATE OF DEATH Month D	2b. HOUR
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by by Pour		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED		
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within 24 sly filled son pape within 77	10. C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR ! give street address)	NSTITUTION (If not in hospital du	o. USUAL OCCUPATION (Kind of wark done ring mast of warking life even if retired.) Registuar Retired	12b. KIND OF BUSINESS OR INDUSTRY Education
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reer The promore		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (	().)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth cer affending p permit. The ian, or remo		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	Cachelia	·	Ancertain
equires that the deoth certific physicion. signed by the attending phys burial-transit permit. Then p burial, crematian, or removal,		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE O	Pain	1. 1.0-0	71 +:
that in. by th ansi		rise to immediate cause (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	The so cause	· syrocopre	uncertain
equires that t physicion. signed by the burial-transit burial, cremat		last.	(1) Cere	Gral arter	rosclerosis	Uncertain
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trending as been a prior to the	NOIL	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The I otter has lse os th pri	CERTIFICATION	Trail of the control	CONDITION TOK WHICH OF EXAMON WAS I		NO CAUSES OF DEATH?	CONSIDERED IN CERTIFIED
PHYSICIAN: The law rather he hospital or ottending this certificate has been letached for use os the Boept, of Health prior to	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Yeariner) P.M.	r 19	(Enter noture of injury in Part 1 ar Part 2	, Item 18.)
PHYS the hos this ce detache e Dept.	W	21d. INJURY OCCURRED While Nat while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.	F.D. No. City or Town	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use os the burial-transit permit. Then pleas should be diled with the State Dept. of Health prior to burial, crematian, or removal, and		sow the deceased of	is hospital) attended the deceo live on 5 - 1 + e, (I) (we) (did) (did not) view the	19 69 ond that in my (or	, 19, to <del>,</del> 19, 19 opinion death accurred an the d	ote and have and from the
retor B she with	- 0	22b. SIGNATURE		M.D. ATTENDING	- MED - CTACE -	. DATE SIGNED
L OF DIR		22d. PHYSICIAN'S	rt W. Trever	DEGREE PHYS. 122e. ADDRESS	DIRECTOR PHYS.	5-18-69
SPITA 4 mo) IERAL or, po d be f		NAME (Type)		ZZe. AUUKESS		
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should Should be filed with the		BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 23c. NAME B	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Pikesville Ba	(Caunty) (Stote)
VR A13 (4)		FUNERAL DIRECTOR O	Wede feld		REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE

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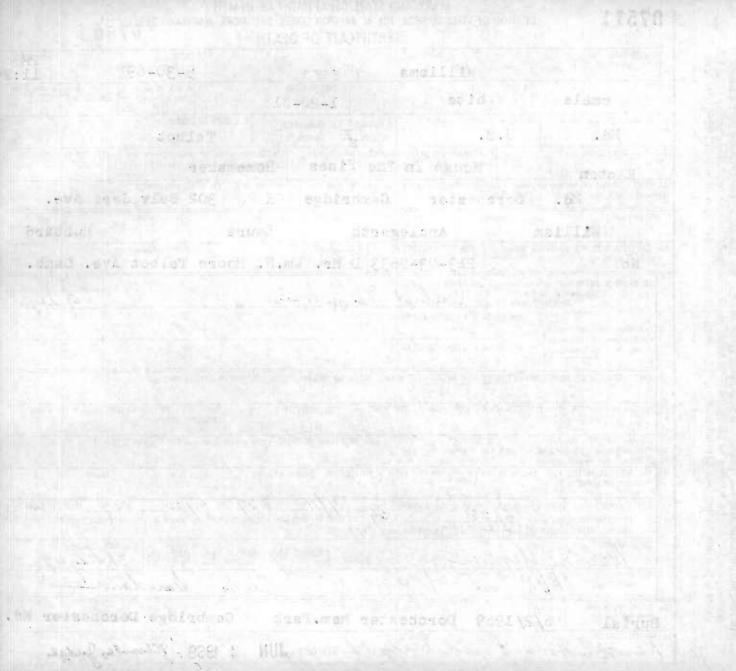
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	by the fun Rours after o	3. SI		4. RACE	angley	S. DAT	E OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR IF UNDER	24 HRS.
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	at the death certific the attending oblys nsit permit. Then promotion, ar remayal,		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI	nly ane cause per line of D BY: ATE CAUSE (a)	)(a), (b); and (c).)	me t	boenla	and,		APPROXIMATE INTERV BETWEEN ONSET AND O	AL EATH
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	by the haspital After this certific be detached for State Dept. of H	ME	21d. INJURY OCCURRED 21e While Not while of work at work	PLACE OF INJURY (AT I	OME, FARM, STREET, FACTO CE BUILDING, ETC.	DRY.) 21f. LOCATION	Street ar R.F.D. No.	City or Town		County St	tate
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 shauld be detached far use as the burial-transit permit. Then pleas shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and		22a. I certify that (I) (the saw the deceased causes stated above	live on	hat view the	and that	in (my) (aur) api	, to nian death accurre	d an the dat	, that (I) (we te and haur and fra	e) last m the
	OR AT be reta SIRECTO 1 She a she ed with		22b. SIGNATURE	elle	1		TTENDING MHYS.	ED. STAFF RECTOR PHYS.	22c. D	ATE SIGNED	9
	O HOSPITAL OR Page 4 may be a O FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type)	- C. H. S	chme	E/T 25	2e. ADDRESS	xton,	Ma	yelin	X
	Page O FUN direct shaul	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE /25/69		EMETERY OR CREMA		23d. LOCATION (City of Manikon		(County) (Stote)	
	VR ANSINA	24.	FUNDRAL DIRECTOR	150	ADDRESS		25a. REC'D B'	REGISTRAR 2Sb	. REGISTRAR'S	SIGNATURE	
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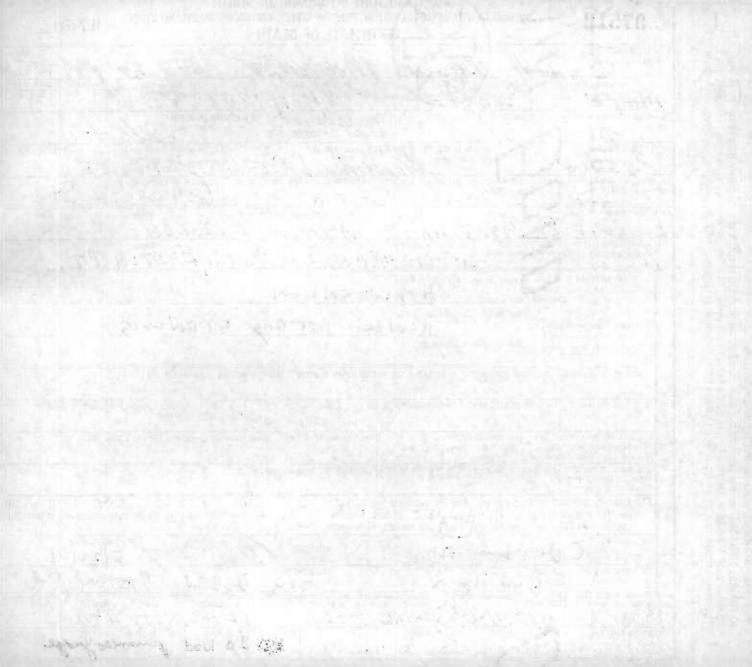
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22-MARYLAND STATE DEPARTMENT OF HEALTH

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filled in by papers. Thin 72 from	can	BIRTHPLACE (Stote or foreign ntry)  Md •	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED	_	lbot		Md.
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tificate hysician pleas		WAS DECEASED EVER IN U.S. ARM es, nor unknown) (If yes give we	and detection of the Co. A. C.		RMANT Ar. Wm.H.	Moore	Talbot A	Ave. Ca	ımb.
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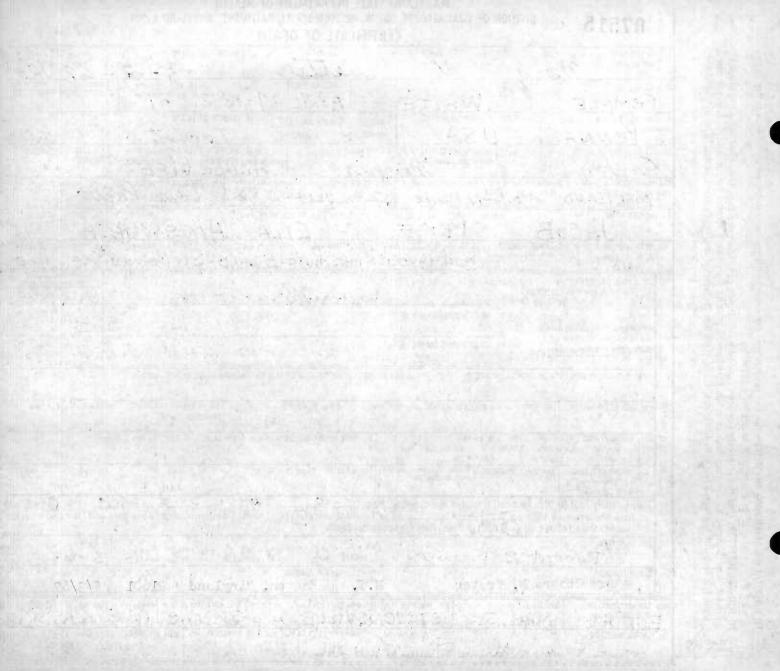
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K			07514	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  07506						
1				07506						
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	be executed within 24 haurs after death ond completely filled in by the fundamenter remayer corbon papers. Pages of Sod in ony event, within 72 hours after death		ma	U.SA WIDOWED DIVORCED TALLOT	Md.					
	filled pape thin 72	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR					
	A Section X		EastoN	give street oddress)    Comestic	INDUSTRY					
	d in the set	130	USUAL RESIDENCE (Where deced	ised lived, if institution: Residence, before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER						
	ond completely remave corbor n ony event, wit	odn	ission) STATE Md	13b. COUNTY TRIBOT EASTON YES IN NO 107 BIR A	0 5t					
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	on on in o		north	:						
	asse and	160	. WAS DECEASED EVER IN U.S. AR	MED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT Address	Scange					
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, x	he deoth tertificate othersicial permit. Then pleasing, or removal, on	=			APPROXIMATE INTERVAL					
	h ing		1B. CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), ond (c).)	BETWEEN ONSET AND DEATH					
	end mit.		IMMED	ATE CAUSE (0) RESPIRATORY FAILURE	2 HOURS					
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	the the sit is notified		Conditions, if ony, which gove	1 PLEURAL EFFUSION	IWEEK					
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9	low ndir bee	100	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING					
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	ho ho ch	_		. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote					
	the det		of work of work							
	by be Sto		22a. I certify that (I) (#	his hospital) attended the deceased from DCT. 28, 1969, to MAY 23, 19	69, that (I) (we) last					
	ENE ed S: A lid he he		saw the deceased of	alive an MAY22 1969, and that in (my) (con) opinion death accurred an the date, (I) (we) (did) (did not) view the bady after death.	e and haur and fram the					
	This Dist		22b. SIGNATURE		ATT CIONED					
	REC 3 3 S	10	Dolma		123-69					
	Ped	100	22d. PHYSICIAN'S		-77-61					
	Moy Mal			A. H awkinson, M.D.   22e. ADDRESS   11 Earle Ave. Easton, Mar						
	HOSPITAL OR ATTENDING PHYSICIAN: 1 ge 4 moy be retained by the hospitol or FUNERAL DIRECTOR: After this certificate rector, page 3 should be detached for us hould be filed with the State Dept. of Healt		0.01111							
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	5 5 5 4		REMOVAL (Specify)	5/2/169 KUISCRE TOPPE	my					
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MARYLAND STATE DEPARTMENT OF HEALTH

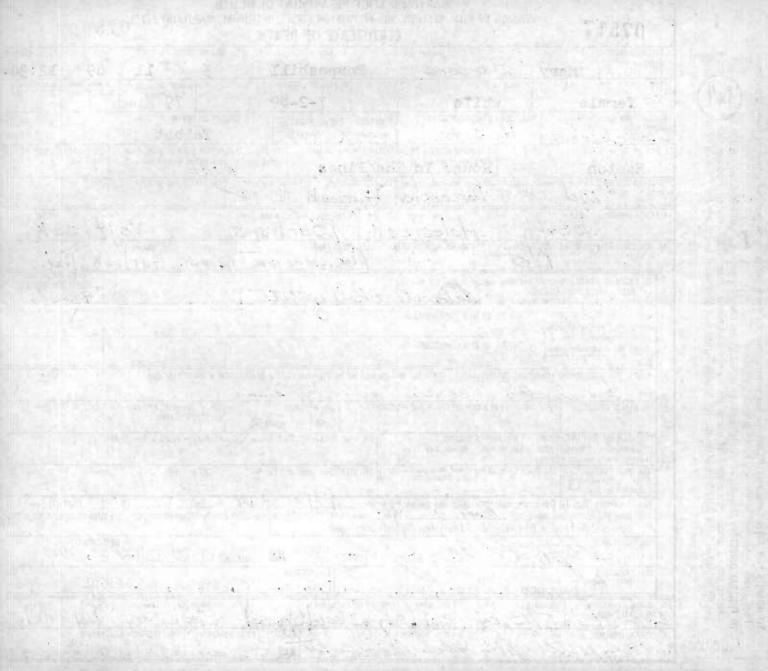


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10					CERTIFICATE OF DEATH		07508
ے نے	-	1. D	ECEASED-NAME First	Middle		2a. DATE OF DEATH	2b. HOUR
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· <u>=</u>	pape thin 7	10.	CITY OR TOWN OF DEATH		STITUTION (If nat in haspitol 120. USUAL (	OCCUPATION (Kind of wark done	12b. KIND OF BUSINESS OR
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The affe	X	CERTIFICATION			YES NO	CAUSES OF DEATH?	
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A la la	far far fred fred fred fred fred fred fred fre	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year			
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OR ATTENDING PHYSICIAN: be retained by the hospital or	Dep		While Not while at work	OFFICE BUILDING, ETC.	The Education Short of Kirls, No.	chy di idwii	coonly
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<b>10</b> (1)	Stat		saw the deceased a	live an $5-2$	9 69, and that in (my) (aur) apinio	n death accurred on the date	and hour and from the
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AI	3 45 TE	-	22b. SIGNATURE		M.D.	22c. DA	TE SIGNED
OR De L	od ×		Robe	nt W. Trever		TOR PHYS. D 5-	3-69
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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or to since the page of the	director, page 3 should be detached should be filed with the State Dept. of		NAME (Type) Robert	W. Trever	M.D. Easton, M	d. 21601 5/3/	69
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13	07517 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07509	
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eral pnd death	(Type or print) Day a Year	30
4-12	SEX 4. RACE S. DATE OF BIRTH 6. AGF (In years   IF UNDER 1 YEAR   IF UNDER 24 P	
温》(	female white 7-2-89 (cs. birthday) YRS. MONTHS DAYS HOURS /	MIN
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remave carban any event, wit	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dission) STATE 13b. COUNTY Derchester Hurlock YES NO 12	
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5	sow the deceased glive an 1969 and that in (my) (our) opinion death occurred on the date and hour and from	the
	couses stated above, (1) (we) (did) (did not) view the body after death.	
/	226. SIGNATURE  ATTENDING PHYS.  ATTENDING PHYS.  MED. DIRECTOR PHYS.  22c. DATE SIGNED May 12, 1969	
shauld be filed with the	22d. PHYSICIAN'S  22e. ADDRESS  NAME (Type)	
JId E	Stephen P. Garney, M.D. 11.0. Box 727, Baston, 11d. 22002	
9	130. BURIAL CREMATION, 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (County) (State), 5/13/69 Ourlady of Good Counsel Scaretary Dor, Mai	,
A. 0.	ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	10
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MAKTLAND STATE DEPARTMENT OF HEALTH



	- 0	MARTLAND STATE DEPARTMENT OF HEALTH	
1	1	07518 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07510	
0		CERTIFICATE OF DEATH	
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	8 PS	Mary Caraleth of Cold May 7 1969 44	N
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	requires that the death certificate g physician. signed by the attending physicia burial-transit permit. Then pleo burial, cremation, or removol, an	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war ar dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT ARS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war ar dates of service)	
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	e H	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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	at the state matic	rise to immediate couse (o).	
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	d b d b d b d b d b d b	saw the deceased alive an 11 4 5 Mal 9 and that in (my) (aur) opinion death accurred an the date and hour and from t	the
	OR:	causes stoted abave, (1) (we) (did) (did nat) view the body after death.	110
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	y b	220 PHYSICIAN'S 22e. ADDRESS	_
	RAI P	220 PHYSICIAN'S NAME (Type) USTIN T. CALLAHAN BUXILOB FACTON	
	TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detoched for u should be filed with the State Dept. of Heal		
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	VR A15 14)	ABORESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		07519 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17 5 4 4
- 4		07519 CERTIFICATE OF DEATH	1911
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S age Is		MALE WHITE AUG 30 1899 lost birthday) YRS. MI	ONTHS DAYS HOURS MIN.
2 P		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED A. COUNTY OF DEATH	
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filled pape	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION OF not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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g p		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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F F F F F F	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical exominer)  P.M.  19	
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Se in E		causes stated above, (1) [we] [didnor constitute body after death.	11
OR ATTENDIN be retained by JIRECTOR: Afte e 3 shauld be ed with the Sta	13	22b. SIGNATURE ATTENDING MED 22c. DAT	E SIGNED
OR DIRE		DEGREE PHYS.   MED. DIRECTOR   STAFF   DIRECTOR   PHYS.   2/	Marter 19
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HOS Great Gould	23g	BURIAL, CREMATION, 23b. PATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
Page Page		BEMOVE PATE MAY 24, 1969 MORELAND MEM. PKCEM. BALTIMORE	MARYLAND
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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
X .	07521 CERTIFICATE OF DEATH	
death. neral and 2 death.	DECEASED-NAME (Type or print) Paura First Middle Lost 20. DATE OF DEATH  Aura First Month Doy Year 9 1	HOUR M
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4 hours	BIRTHPLACE (Stote or foreign U.S.A.   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED DIVORCED   (abbot	
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it the death c the attending isit permit. The matian, ar rem	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Cerebral through the part in the part in the underlying cause (b).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN	ain
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TO HOSPITAL Page 4 may TO FUNERAL director, pa	22d. PHYSICIAN'S NAME (Type) Robert W. Trever M.D.  BURIAL (REMATION, REMOVAL (Specific) BURIAL (REMATION, REMOVAL (Specif	e) Md.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0751407522 CERTIFICATE OF DEATH 20. DATE OF DEATH

5 Month 23Doy 1. DECEASED-NAME First Middle Lost (Type or print) Margaret M. Rowans 3. SEX 4 PACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS IE UNDER 1 YEAR last birthday) Female White MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) USA Talbox Md. WIDOWED IX DIVORCED [ filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Rio Vista Nursina Home during most of working life, even if retired.) INDUSTRY corbon completely in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before executed 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Talbox odmission) STATE caston Primrose House YES X NO remave 14. FATHER'S NAME Middle puo Lost IS. MOTHER'S MAIDEN NAME First Middle Lost John R. Mullikin requires that the death certificate be Mary (haplain physician on please and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Charlotte Toontz, Greensboro, N. (. Yes. no. or unknown) (If yes give war or dates of service) Mrs. cremation, or removal, offending p 1B. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY lassive IMMEDIATE CAUSE (a) the Conditions, if ony, which gove signed by the buriol-tronsit rise to immediate couse (o), by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) peen the Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? use YES [ TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED Enter noture of injury in Port 1 or Port 2, Item 18.1 g OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor detached f te Dept. af I (If either, notify medical examiner) P.M. State Dept. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION. Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while ot work 22a. I certify that (I) (this hospital) expended the deceased than saw the deceased alive an 19 and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE ATTENDING page 3 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS director, pr NAME (Type) Spring Hill LOCATION (City of Town) 23o. BURIAL, CREMATION (County) (Stote) caston. 25o. REC'D BY REGISTRAR NEWNAM & SON, Easton, Md. 1969

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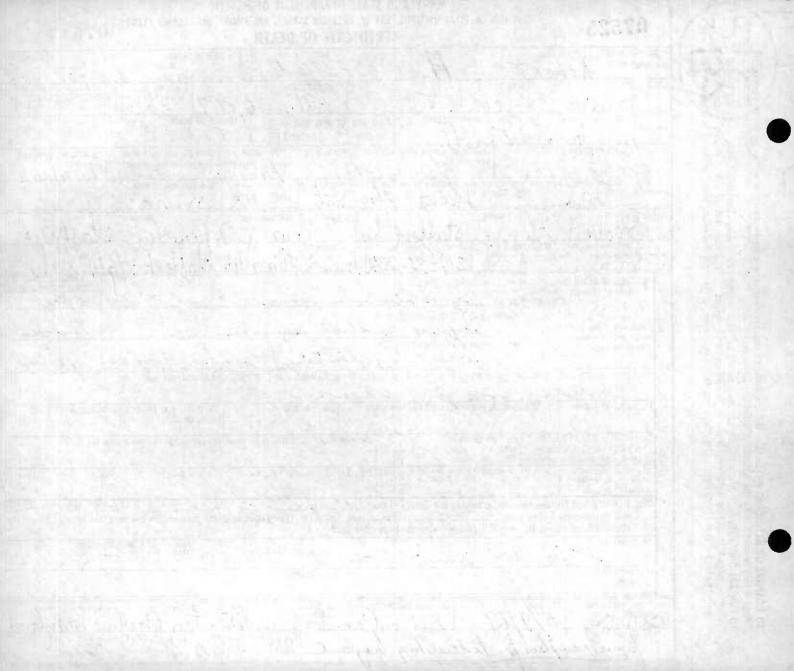
		MARTLAND STATE DEPARTMENT OF HEALTH
0		07523 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	100	CERTIFICATE OF DEATH 07515
2 .	_	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
death.	‡ <sub>0</sub>	(Type or print) MARY MAGDALENE ShortAll MAY 25 1989 122
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The same of	not	7a. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
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ond rem	D U	Phillie - BUND Stephania - WEILER
	and in any	160. WAS DECEASED EVER IN U.S. RIMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT TARES Address
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DE	Le L	18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (g).)
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fico for for for for for for for for for fo	He He	I □ OR CONTRIBUTING □ CAUSE OF DEATH         HOUR A.M.         Month Doy Year
Spire spire	1.0	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State
PHYSIC he hospi this certi	dec	While Not while OFFICE BUILDING, ETC.
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by After	Sto	22o. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, that (I) (we) las saw the deceased align an19, and that in (my) (aur) apinion death occurred an the date and haur and from the
R: A	the	causes stoted above (1) (we) (did) (did not) view the body ofter death.
ATTER ATTER CTOR: shoul	with	226. DAY SIGNATURE
OR be re	> p	LUIT LEAVY M.D. DEGREE PHYS. DIRECTOR DIRECTOR DIPHYS. DI 6/3/66
moy be RAL DIRI	tile.	22d. PHYSICIAN'S 22e. ADDRESS 2
PITA mo RA	o P	NAME (Type) KURT LEDERER (XUEEN ANNE MA
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-trans	Pin	230. BURIAL, CREMATION, 234 DATE 23C. NAME OF CEMETERY OF CREMATORY 234 LOCATION (City or Town) (County) (State)
dire dire	sho	- HONOMINO MAY 28, 1969 St. Peters Cemetery Queenstown Q. A.C. Md
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VR A 30M RE		123. FUNERAL DIRECTOR BY REGISTRANGED 256 REGISTRANGED 25
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Metatation coloran of the fire atmission on Alterium 11th Wet augustion of the Roy Der Ledon 11.0 KURT LEDERER

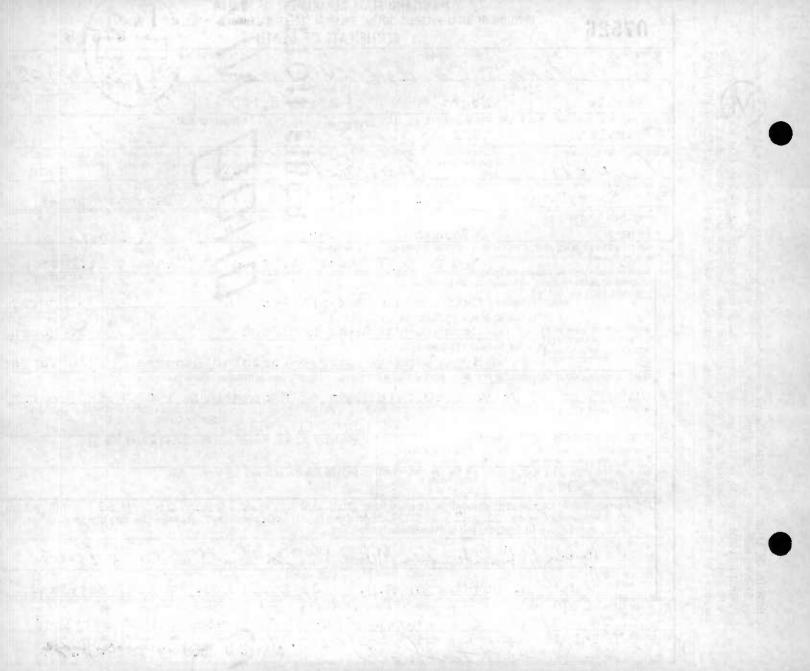
5	1	I	tem7 FilmG41	.2 5/23/6 DIVISION 0	9 kkMA F VITAL RE	RYLAND STA CORDS, 301 W	TE DEPA	ARTMENT OF HEA N STREET, BALTIMO	LTH RE, MARYL	AND 21201		
	FOR STATE		07524					CERTIFICATE O			0751	6
	HEALTH DEPT.		PLACE OF DEATH o. COUNTY Talbot				RYLAND		rland	b. COUNTY	Queen	nn
	P p g g g g g g g g g g g g g g g g g g		b. CITY OR TOWN (If outside write RURAL and give in			c. LENGTH OF STAY	'IN Ib	c. CITY OR TOWN (If ou		limits, write RURAL	and give neore	
	farm farm te De		d. NAME OF HOSPITAL OR I		in hospitol, gi	ve street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM? YES NO X
	24 hours after death. If any in Jerm 18, Give Pages 1, 2, 2, Office along with farm P is 1 had 2 with the State Department of the death.			First Nillian	Marti	-		Lost	4. DATE OF DEATH	Month 5	Doy	8 1969
	hours aft. Office alor Tond 2 with		M 6. COI	W.		NEVER MARRI DIVORC		3. DATE OF BIRTH 10/25/1880 11. BIRTHPLACE (Stote		ast birthday) 1	Aanths Days	Haurs Min.
	there is a second secon	dur	ing most of working life, eve FATHER'S NAME	n if retired)		USTRY		Virginia:		141	COUNTRY	
	d within in pencil Examine File page 7 hours c	10	Joseph J. WAS DECEASED EVER IN U.S.		11/ 5/	OCIAL SECURITY NO.	1 27 1	Lillian Br	ooks			
	xecuted wit Iding" in pe Medical Exar permit. File vithin 72 hou	(Ye	es, no, ar unknawn) (If yes g	give wor ar dotes af s	service)	OCIAL SECURITY NO. 3-48-3112	17. 11	NFORMANT		Address		
144	ficate shauld be e ing the word "per rded ta the Chief I as a burial-transit and in any event v		18. CAUSE OF DEATH (EI PART I. DEATH WAS II Conditions, if ony, which rise to immediate couse stoting the underlying c lost.	CAUSED BY: MMEDIATE CAUSE (a  DUE TO  gave ) (b	Ser	o), (b), and (c))						TERVAL BETWEEN ISET AND DEATH
1	This certicate, writh be farward be used remayal,	CERTIFICATION						HE TERMINAL DISEASE CON				WAS AUTOPSY PERFORMED? (ES NO
	MINER: This the certificate, 4 shauld be far files. e 3 shauld be u rifiles.		20o. EXTERNAL CAUSE WA PRIMARY □ ar CONTRIBUT CAUSE OF DEATH.	TING 🗆				Enter noture af injury in P		af item 1B.)		
	A 4 4 A A A A A A A A A A A A A A A A A	MEDICAL	20c. TIME OF INJURY Ma Hour o.m. p.m.	19	While of wark	URY OCCURRED  Nat While at wark	focto	E OF INJURY (Home, form, ory, street, affice bldg., etc.)		ity or town)	(County)	(Stote)
MEDICAL .			21. I certify that death resulted fra ACTUAL SIGNATURE EXAMINER'S NAME (Type)		af the remocauses X			d an Autopsy, de, Hamicide	EXAMINER CAL EXAMINER EXAMINER	etermined man	ner 🗌	in my apinion  22. DATE SIGNED
	TO D nece the 5 m TO FU Heal	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE 5/20/69		23c. NAME OF CEA		REMATORY		ION (City or Tawn)		
	VR A15ME (5)		ane Funeral			ADDRESS			BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNATU	

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	W.			7	N. N. L.		
4	, meodarie	60	415.00	steff. Je		5/20/59	Jaimes

L		1	MAKILAND STATE DEPARTMENT OF HEALTH	
1		1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			07525 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	07517
			CERTIFICATE OF DEATH	
	キーンま		DECEASED-NAME Deceased Lost 20. DATE OF DEATH	2b. HOUR
	ed a company		(Type or print)	Year J
	0 0	12	May 6	1969 10am
	in the second	3. 5	4. RACE S. DATE OF BIRTH 6. AGE In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	the the age		male (inlute, Fely 26 19/7 loss birthday) YRS.	MONTHS DAYS HOURS MIN
	Po Pri	70		
	hours in by there. Page 2 hours	COL	Intry)	
	n 24 h		WIDOWED DIVORCED / 4/60+	Md.
	e executed within 24  and campletely filled i regnave carban paper many event within 72	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR.
	望 告訴の		give street addrays) during most of working life, even if retired.)	INDUSTRY
	wil wil		1-45701 MANUSTAN MANUSTAN NOWNERS	Earn Mach.
	mplet ve car event	13a	USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c. CITY OR TOWN / 13d. INSIDE CITY LIMITS? 13e-STREET AND NUMBER	
	ute eve	adn	nission) STATE YES NO IN YES NO IN THE PROPERTY YES NO IN THE PROPERTY OF THE	
	y y	14	FATHERS MANY	
	G G G G	14.	FATHER'S NAME First Middle Middle I Most IS. MOTHERS MAIDEN NAME First Middle	Och Al Lost
	Per Pe		robert Henry Stadard St. Mary Chauden	Stalled
	cigna and co	160	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT 1 10 1 Address 1	
	D 20		Yes, po, or unknown) (If yes give war or dates of service)	1500
	ertificate be ex physician and hen please rem naval, and tran		170 X4-32-682 Mrs dellary W. Mallert 77	aly All
	at the death cer the attending partite permit. The matian, or rema		18 CAUSE OF DEATH (Finter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL
	te illi		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	en en or		IMMEDIATE CAUSE (0) Aygrastulia munionia	10 clarge
	atta an,		5699 DUE TO, OR AS A CONSEQUENCE OF	
	t be t		Conditions, if only, which gave	15-chy
	to # isi		live to immediate course (a)	100000
	t by by crear		stating the underlying cause DUE TO, OR AS T CONSEQUENCE OF	1
	4: The law requires that the death certificate be executed within 24 hours after death ar attending physician. It is a specific to the specific that the burial-transit permit. Then please regions carbon papers. Pages 1 and stall prior to burial, cremation, or remayal, and it any event within 72 hours after beath.		lost. (c) flooth for a gashoulestern hemorly hypoglyte	men 18 class
N	by hy		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4)	
1/1	o si si p	17	Dealate	
01	ling ser the	8	the state of the s	
0	The law attendin has been se as the prior t	A	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
0	he od o	屋	YES NO CAUSES OF DEATH?	
V	T. T. S.	CERTIFICATION		
	de de de		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, HOUR A.M. Month Day Year	Item 18.)
	日後年出出	MEDICAL	(If either, notify medicol examiner) P.M. 19	
	3 PHYSICIAN: The law rethe haspital ar attending this certificate has been detached far use as the e Dept. af Health prior ta	NE NE	21d INITIRY OCCURRED 21e PLACE OF INTERPLY AT HOME FARM STREET FACTORY 1 215 LOCATION Street or R.E.D. No.	Caunty State
	PH h			5,010
	(D = D 0		at work at wark	
	d by t After After d be c		22a. I certify that (1) (this hospital) attended the deceased fram 18 apr , 19 ag , to 19 ag , 19 saw the deceased alive an 19 ag , and that in (my) (our) apinion death accurred on the deceased alive an 19 ag , and that in (my) (our) apinion death accurred on the deceased alive an 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and that in (my) (our) apinion death accurred on the deceased fram 19 ag , and the deceased fram 19 ag , a	6 9, that (1) (we) last
	S A A B		saw the deceased glive an 6 mg 1967, and that if (my) (our) apinion death accurred on the do	te and hour and from the
0	E e e e		couses stated abave, (1) (we) (did) (did-not) view the bady after death.	TO GITG TIGOT GITG TIGHT THO
	OR ATTENDIN be retained by DIRECTOR: After je 3 shauld be ed with the Stat			DATE SIGNED
	% SE S			
	o p p p p p p p p p p p p p p p p p p p			5-6-69
	AL SO	10	22d. PHYSICIÁN'S 22e. ADDRESS	
	P. S. De		NAME (Type)	
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	22	DIDINI CREMATION 201 DATE / 202 NAME OF CREATIVE OF CR	(5)
	H Gge	230	BURIAL, CREMATION, 23b. DATE 23. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	54 5 D	(	Birrial 3/9/6/ Menton emetery Denton Card	ine maryland
	100	24.	FUNERAL DIRECTOR 4 / ADDRESS / DSG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	VR A15 (4)		Morne Transfer In tederal burg War and NAY 9 1969 Throng	en Credas
	191		DATE	1



11					ID STATE DEPARTME			
9		+	07526	DIVISION OF VITAL RECORDS,			ARYLAND 21201	W P 4 6
			0.000		CERTIFICATE OF D	DEATH	U.	7518
4	# <del>-</del> = #	1.	DECEASED-NAME First	Middle	Lost	2o. DATE		2b. HOUR
	aearn. neral ond 2 deoth.		(Type or print)	MA CASSI	me Tila	hours	Month Doy	- Yeor 1218 M
		3.	SEX	4. RACE	S. DATE OF BIR	TH	8. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
(			Female	Negro	April	8,1900	6. AGE (In years lost biptodov)	MONTHS DAYS HOURS MIN.
	in o	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRI			
	d in pers	co	untry Maryland	USA	WIDOWED DIVORC		1 alls	Md.
1	an.  by the ottending physician opd completely filled in by their ronsit permit. Then please remaye corbon papers. Pages I cremation, or remayol, and in any event, within 72 hours after	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120. USUAL OCCUPATION	ON (Kind of work done ag life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY None
	pletely corbon	13	. USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before	13c. CITY OR TOWN 13		STREET AND NUMBER	None
	ond complete	) od	nission) STATEMarylar	id Vab. COUNTY Talbot		1.001	4 Pleasan	t Street
	e da da	14	FATHER'S NAME First	Middle Lost	1s. Mother's Mail	DEN NAME First	Middle	Lost
3	d'es d'es		Henry	Thomas	Nora		Bı	reeze
	sicid oleo on, on	16	o. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown)   (If yes give v	and the state of t	NO. 17. INFORMANT		A J Janes	
4	phy en g		No	220 28 06	57 Oscar Ti	Ighman 54	Pleasant	
	of or attending physician.  It is a seen signed by the ottending physician odd control of the burial-tronsit permit. Then please remained the prior to burial, cremation, or remayol, and in any		18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and (c).	)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
*	earr endi		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o) <u>Cardio-Pu</u>	lmonary Fai	lure		36 Hours
3	oth oth ion,		4122	DUE TO, OR AS A CONSEQUENCE OF				
÷	the sit		Conditions, if ony, which gove rise to immediate couse (o).	(b) Cerebro-V	ascular Acc	cident		36 Hours
D =	dn. by crer		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
~	res /sici ned ial-l ial,		lost.		sive Cardio-			10 Years
10	g physician. n signed by the c burial-tronsit p		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIV	/EN IN PART 1(o)	
11	attending hos been see as the th prior to t	N N	Carcinoma c	of Vulva 1960, Ca	rcinoma of	Endometri	um 1967, Bo	oth Treated
2 //	s by as prio	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPS	Y? 20b.	IF YES, WERE FINDINGS CO SES OF DEATH?	NSIDERED IN CERTIFYING
4	th de la	PTE			YES _	NO L		
Ž	or cote				21c. HOW INJURY OCCUI	RRED (Enter noture of in	jury in Port 1 or Port 2, It	em 18.)
	be de	MFDICAL	(If either, notify medical exami	ner) P.M.				
OD ATTENDING DUVEICIAN: The lower	Page 4 may be retained by the haspital or aft director, page 3 should be detached for use should be filed with the State Dept. of Health	>	21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACOFFICE BUILDING, ETC.	(TORY,) 21f. LOCATION Street	or R.F.D. No. Cit	ly or Town	County Stote
N N	ter tare			strescipal) attended the decease	ed fram Dec 10		lav 23 . 19 6	69 that (I) (seeklast
L L L	R: Af		saw the deceased a	ischescool) attended the decease live an May 23 l e, (I) (**********************************	969, and that in (my) bady after death.	(a <b>M)</b> opinian death	accurred an the date	e and haur and fram the
	short short	1	22b. SIGNATURE	011	410		22c. D/	ATE SIGNED
9	be 3 ed v		John	U Deuntemson	MDDEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF D 5	-25-69
3	AL AL C		22d. PHYSICIAN'S		22e. ADDRE			
	db db		John	A. Hawkinson,			., Easton,	Maryland
5	Tect rect	23	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCAT	TON (City or Town)	(County) (Stote)
2	5 5 5 2 ×	L	REMOVAL (Specify) Buriol 5/	28/69 Rich	ards Memor	ial East	on Talbot	
		) 24	JUNEAU DIRECTOR hiell	Funeral Homers	26 Bover St?	So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S S	IGNATURE
1	45M - 1/89	N	12 albara	2 Xtoska	211/	MAY 2 9 19	369 yellan	cas judge



	1	1	07527			W. PRESTON STR		E, MARYLAND 2120	1	
			01061			TIFICATE OF		L, MARTEARD 2120	075	19
	4 _ 2 4		ECEASED-NAME Fir	it	Middle	Lost	20.	DATE OF DEATH		2b. HOUR
	death.	(	Type of ARY JAI	VE	7	ILLER		Month	Doy Year	85 M
		3. S		4. RACE		5. DATE OF BIE	RTH /	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	24 haurs after death d in by the funeral pers. Pages, and 2 72 hours after death	1	FEMALE	NEGRO 6	5	3/1	5/1906	last birthday)	RS. MONTHS DAYS	HOURS MIN.
	by by	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COL	NTRY? 8. M	ARRIED NEVER MARI	RIED 9. COL	INTY OF DEATH		
	d in pers	IM	aryland	U.S.A.	WI	OOWED DIVOR		TAIDOT		Md.
	a Significant		ITY OR TOWN OF DEATH	11. NAME OF give street or	HOSPITAL OR INSTITUT	ON (If not in hospital	120. USUAL OCCU	JPATION (Kind of work do	one 12b. KIND O	F BUSINESS OR
	S wind		EASTON		MEMO	RIAL	Housek	working life, even if retire eeper	d.) INDUSTRY	
1	car car	adm	USUAL RESIDENCE (Where dece	13h COUNTY			13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
	cam cam	lla	ryland	Caroline		dgely	YES NO 💂	None		
	e ex	14.	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S MA		Middle	8	Lost
	e b	14-	William WAS DECEASED EVER IN U.S. A	Tiller	OCIAL SECURITY NO.	Mary Mary	Jane D		100	
	ficat ysici ple al, a			war or dates of service)			11 D:	Addres	Mary and the second	
	he death certifi s attending phy: permit. Then fian, ar remaval				-07-737	1 108 11	ller Ri	ogery, Ma	ryland	KIMATE INTERVAL
	ding ding		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	o), (b), and (c).				BETWEEN	ONSET AND DEATH
	deo trmi rmi		180 V. IMMED	PIATE CAUSE (o)	nonit	- m			6-0	worth
	the a sit pe		Conditions, if ony, which gove	DUE TO, OR AS A CO		-0	cenvi	1		
	hat J. Hy He		rise to immediate couse (o)	DUE TO OF 45 4 60	NSEQUENCE OF	me 19	GAUC	*		
	es the sicion sicion sed be sed bull-tro	1	stoting the underlying couse lost.	(c)	isequence of					
7	requires that the death certificate be executed with g physician.  signed by the attending physician and campletely for burial-transit permit. Then please remave carban a burial, crematian, ar remaval, and in any event, with		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	ATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(o)		
0	ng en tak	Z								
1	The law requires the attending physician has been signed by se as the burial-train the prior to burial, cre	CERTIFICATION	190. DATE DF OPERATION 191	. CONDITION FOR WHICH OPE	RATION WAS PERFORA	IED 20o. AUTOF		20b. IF YES, WERE FINDIN	GS CONSIDERED IN	CERTIFYING
H	The aff	RTIFI				YES	NO 🔀	CAUSES OF DEATH?		
	AN: 1 al or cate ar us Heolt		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE		h Dov Year	21c. HOW INJURY OCCU	URRED (Enter noture	of injury in Port 1 or Por	t 2, Item 18.)	ALCOHOL:
	SICI, spite entiffied fed fed for afficial affic	MEDICAL	(If either, natify medical exar	niner) P.M.	19					
	ATENDING PHYSICIAN: The law re etained by the hospital or attending CTOR: After this certificate has been shauld be detached for use as the rith the State Dept. af Heolth prior ta	2	21d. INJURY OCCURRED 21 While Not while	e. PLACE OF INJURY (AT HOME	, FARM, STREET, FACTORY, ) BUILDING, ETC.	21f. LOCATION Street	or R.F.D. No.	City or Town	County	Stote
	de the Lorent de		of work of work	(die le en de la company de	AL - 1 1 f-	- 2 (	10/9	10 5/11	10 /0 4	1 /1\ / \ \ 1
	Affe Affe Sto		22a. I certify that (I) (t saw the deceased	alive on	the deceased in	and that in (my		to5 / /6 , death accurred an the	19_69 , tha	t (I) (we) lost
	OR: auld auld the	1/3	causes stated abay	/e, (I) (we) (did) (did no	ot) view the body	after death.	,, (oo, ) op.,,,,		, date and had	did iidiii iiid
	OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the		22b. StGNATURE	000		ATTENDIN	G MED.	STAFF	22c. DATE SIGNED	
	DIRE 3 ge 3		7.1.	). Unit	91	DEGREE PHYS.	DIRECTOR	PHYS.	5/19/6	9
	May SAL SAL be fine		22d. PHYSICIAN'S NAME (Type)	D 4-1-7	26 5	22e. ADDR				
	OSP NECTOR	22.		B. Ambler	M. D. 23c. NAME OF CEMET			cyland 216		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the Should be filed with the State Dept. of Heolth priar to	230.	mentalist to it i	5-20-69	Union	EKT UK CKEMATUKT		location (City or Town)	(County)	(Stote)
	101	24.	FUNERAL DIRECTOR	11	ADDRESS	/	2So. REC'D BY REGIS		Marylan	
	VR A1 (4) 45M - 1769	9	In EBANDE	1 Horeersto	w mid		DATEMAY 2	1 1969 /	ionles for	age

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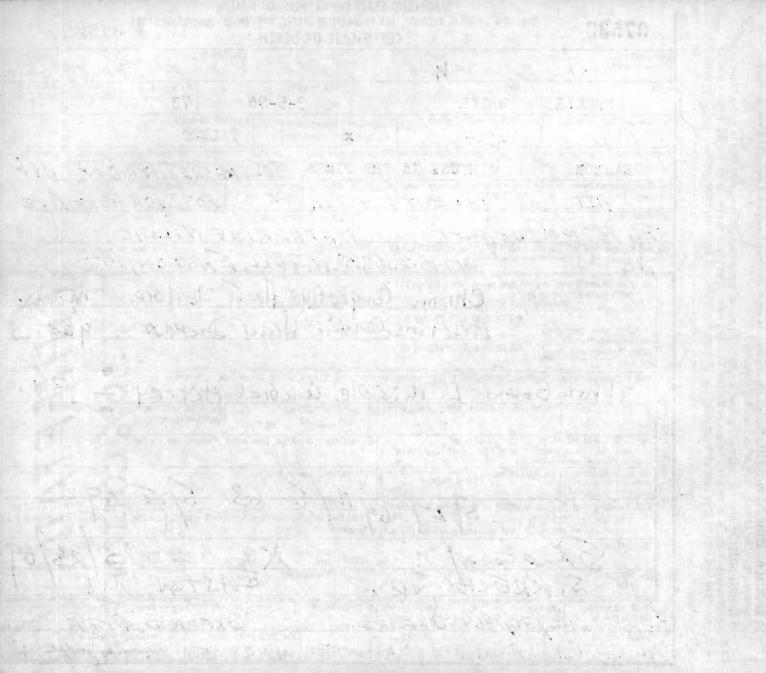
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07520 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH 6 (Type ar print) Day 196.9 Hildred Virginia Toms 3. SEX 4 RACE 24 hours after S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR 40 birthdoy) Female White ZHTINDM CIAYS 7a. BIRTHPLACE (State ar fareign cauntry) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED USA Talbox burial-transit permit. Then please remove corbon poper burial, cremotion, or removal, and thany event, within 72 WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af work dane OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12b. KIND OF BUSINESS OR Wittman give street address) during for whice jeen frequency of the month of TRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare odmissian) STATE Md. 13b. COUNTY labot Wittman 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES TO NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Ora Marshall ATHER'S NAME First Last Last 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, 90, ar unknawn) (If yes give war or dates of service) 216-40-4438 Stanley Toms, Easton, Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave } rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while ot wark 22a. I certify that (I) (this haspital) ottended the deceased from be retained by sow the deceased olive on\_ 196 Gond that in (my) (our) apinian death accurred on the date and hour and from the causes stated obave, (1) (we)(did) (did not) view the body after death 226 SIGNATURE director, poge 3 should be filed v PHYS. DIRECTOR PHYS 22d. PHYSICIAN 22e. ADDRESS THE OF EMETERY OR CREMATORY 23a. BURIAL CREMATION REMODAL STATES 3t. Michaels, (State) 24. FUNERAL DIRECTOR MAURICE E. NEWNAM & SON, Easton, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1969 Ochanlas Judge

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	tific hys n p	L	Yes, na, or unknown) (If yes give w	W. I 215-01-58	Bla Abe Rozier.J	conephew. 227 N. I	iherty St.
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	law indii be be s th	ATIO		CONDITION FOR WHICH OPERATION WAS PI	ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
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	R A ret	П	22b. SIGNATURE	Bert W. Trew	M.D. ATTENDING	MFD STAFF	DATE SIGNED
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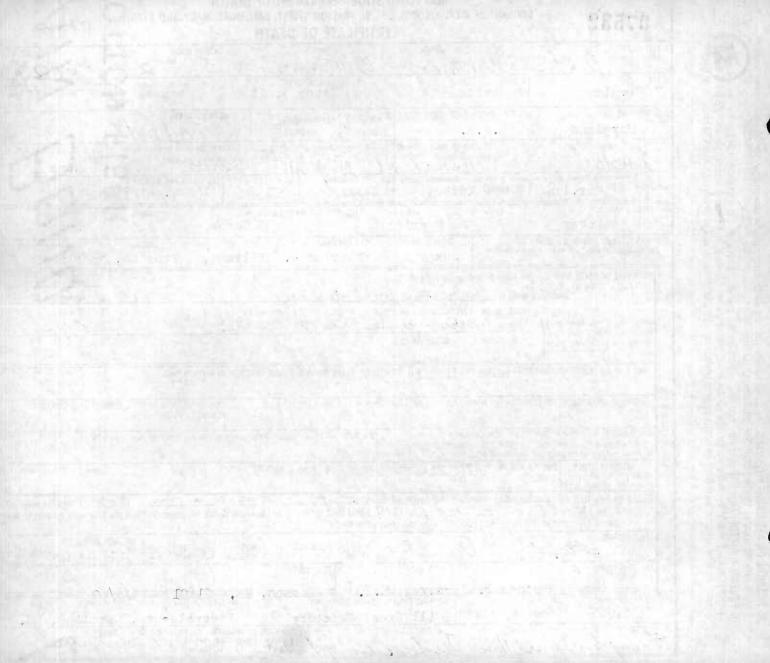
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	ificate the signal of the sign	160	WAS DECEASED EVER IN U.S. AR (es flo, or unknawn) (If yes give	MED FORCES? 16 war or dates af service)	b. SOCIAL SECURITY NO	1 1700 7	TULL.	EA	Address STON,	M7.	
	requires that the death certificate be executed within 24 g physician.  signed by the attending physician and completely filled burial-transit permit. Then please remove carban page burial, crematian, ar remayal, and in any event, within a burial, crematian, ar remayal,		18. CAUSE OF DEATH (Enter o	IN DV.	or (a), (b), ond (c).)	Congesti	se Hea	(1)	ilure	APPROXIN BETWEEN OF	MATE INTERVAL NSET AND GEATH
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1/2	ICIAN: The law re pital ar attending rifficate has been of far use as the af Health priar ta	CERTIFICATION		. CONDITION FOR WHICH	OPERATION WAS PERF	YES	NO 🗆	CAUSES	YES, WERE FINDINGS ( OF DEATH?		RTIFYING
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	the haspin this certing detached e Dept. al	ME	21d. INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	RY.) 21f. LOCATION Stre	eet or R.F.D. Na.	City o	or Town	Caunty	State
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	OR ATTENI be retained DIRECTOR: A ge 3 should led with the		22b. SIGNATURE	e Car	1 1	DEGREE PHYS.	ING MED	CTOR 🗆	STAFF 22c.	DATE STONED	169
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	Page 4 may O FUNERAL director, pag shauld be fi	230	BURIAL, CREMATION, 23b. REMOVAL (Specify) 5	DATE 130/1969	23c. NAME OF CE	METERY OR CREMATORY		23d. LOCATION	(City or Town)	(County)	(Stote)
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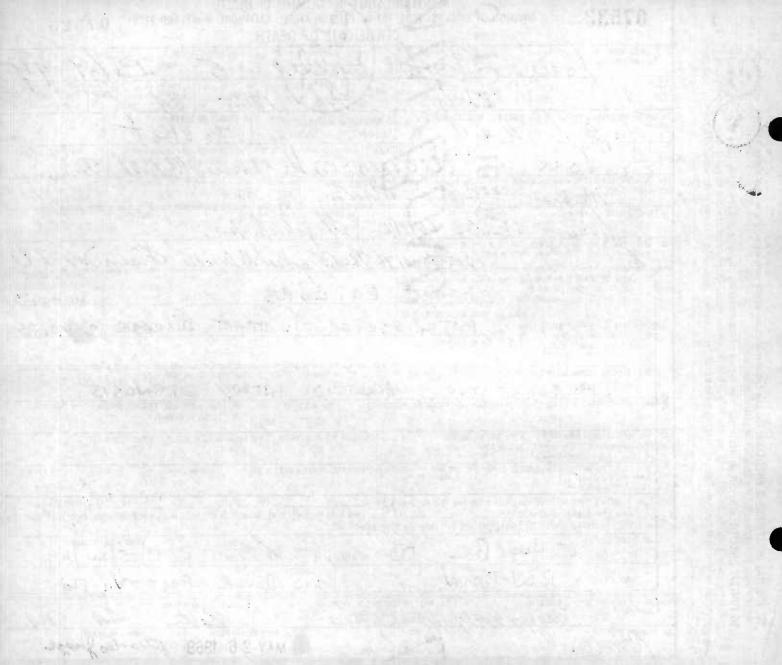


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		Last	) /	Day 1909 10 A.
3. SEX Female	4. RACE White	s. date of birth 6/29/1887	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Talbot	Mo
10. CITY OR TOWN OF DEATH  Easton (rural)	give street orgress (			
13a. USUAL RESIDENCE (Where decease admission) STATE Md.	d lived, if institution: Residence before 13b. COUNTY Talbot		- OF //	
14. FATHER'S NAME First William H. Wo	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
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PART I. DEATH WAS CAUSED	BY:	tailure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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21a. ACCIDENT WAS UNDERLYING  Or CONTRIBUTING CAUSE OF DEATH  (If either, potify modical examinations)	HOUR A.M. Month Day Yeor	21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part	2, Item 18.)
While Not while			la. City or Town	County State
22a. I certify that (I) (thi saw the deceased al	ve an 3 1 6	901, and that in (my) (aur) or	pinian death occurred an the	dote and hour ond from the
causes stoted above	(We) (did) (did/nat) view the	ATTENDING	MED. STAFF	2c. DATE SIGNED 68
22d. PHYSICIAN'S NAME (Type)	KREEH JU	DEGREE PHYS.  22e. ADDRESS	ACTOM PHYS.	0
	ATE 23c. NAME OF 27 Driv	CEMETERY OR CREMATORY	23d_LOCATION (City or Joys)	(County) (State)
24 FLINERAL DIRECTOR	ADDRESS	25g REC'D	BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
	1. DECEASED-NAME (Type or print) Maude & (Type or print) Md.  10. CITY OR TOWN OF DEATH & (Type or print) Md.  11. CALLES OF DEATH (Enter and part I. DEATH WAS CAUSED IMMEDIA MEDIA & (Type or print) May or print of the part I. DEATH WAS CAUSED IMMEDIA & (Type or print) May or print of the part I. DEATH WAS CAUSED IMMEDIA & (Type or print) May or print of the part I. DEATH WAS CAUSED IMMEDIA & (Type or print) May or print of the part I. DEATH WAS CAUSED IMMEDIA & (Type or print) May or print of the part I. DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin) Cause of Death Work of the print of the print of the print of the part of the print of the part of the print of the print of the part of the part of the print	DIVISION OF VITAL RECORDS,  1. DECEASED-NAME (Type or print) Maude Elizabeth Whitby  3. SEX Female  70. BIRTHPLACE (State or foreign country) Md.  10. CITY OR TOWN OF DEATH Easton (rural)  13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  14. FATHER'S NAME First Middle Lost  15a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY Yes_no, or unknown)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: 11. IMMEDIATE CAUSE (a)  12. CAUSE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED FORCES? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED FOR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Yeor OR CONTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR CONTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR CONTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR CONTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR CONTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTING CAUSE OF DEATH HOUR A M. MONTH DAY YEOR OR COUNTRIBUTION OR COUNTRIBUTION OF THE BUILDING. ETC.  21d. INJURY OCCURRED WAS A DECEASED OR COUNTRIBUTION OR COUNTRIBUT	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL  CERTIFICATE OF DEATH  Middle (Type or print)  Middle (Type or town or print)  Middle (Type or town or t	Defease   Death   City per or print   Maude   Elizabeth   Whitby   Death   D

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	ite and and	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANC Address							
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72									
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	SIC spirit ed ed . af	MEDICAL	(If either, natify medical examiner) P.M. 19							
	is PHYSICIAN: The law in the haspital ar attending this certificate has been letached for use as the Boet, of Health prior ta	2	21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State							
	the det		di wdik							
	by be Stall		22a. I certify that (I) (this haspitol) attended the deceased from, 19, to, 19, that (I) (we) last							
	ed ed		saw the deceased alive an19 and that in (my) (our) opinion death occurred on the date and hour and from the							
	F bar t		couses stated obave, (I) (we) (did) (did nat) view the body ofter death.							
	OR ATTENI be retained DIRECTOR: A e 3 shauld ed with the		ATTENDING MED. STAFF							
	od be	-								
	RAL SAL Pe f	10	22d. PHYSICIAN'S NAME (Type) CRWBAIN 220. ADDRESS 210 DOVER, EASTON, MI							
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State		210 DOVE 1751 6. 0 1 10							
	Fire C	230.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)							
	5 5 5 W		May V & 1969 Aftering Herl Castons Jel. My							
	VR AIGHAN	24.	FUNERAD DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	45M - 1/69		Melli Cart Caston met DAMAY 2 6 1969 Milantes Judges							



		183	MAKTLAND STATE DEPARTMENT OF HEALTH	
12	20100	27	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	OMEDO
4	TES IT ALE	Alla d	07534 CERTIFICATE OF DEATH	07526
that the death certificate be executed within 24 haurs after death.  an.  by the attending physician and campletely filled in by the forerar panels forms it permit. Then please semane carbon paners. Page 1 and 2	ny event, within 72 hours after death.	7o. 1 caul	DECEASED-NAME (Type or print)  SEX  4. RACE  Middle  Last  Last  Last  S. DATE OF DEATH  Month  Sqy  S. DATE OF BIRTH  6. AGE (in years in	Year 2b. HOUR  Year 16 UNDER 1 YEAR IF UNDER 4 HRS.  NITHS 0AYS HOURS MIN  Md.  12b. KIND OF BUSINESS OR  INDUSTRY
X Pue	.E /	3	TO 2006	/
rificate t hysician n please	val, and	16a. Y	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. grunknown) (If yes give war or dates of service)  214-12-6354  LUSA  Address  Address  Wilson	
guires that the death certificated physician. signed by the attending physician burial-transit permit. Then please	Health prior to burial, cremation, ar remaval,		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gove rise to immediate couse (a), stoting the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF (c)  Canditians, if any, which gove rise to immediate couse (b).  DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
requires ig physici n signed e burial-	a bur		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law requires th attending physician, has been signed by se as the burial-trail	th prior	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 2Da. Autopsy? 2Db. If yes, were findings consumed Yes NO	IDERED IN CERTIFYING
CIAN: oital ar tifficate d for u	of Heal	AL		n 18.)
NING PHYSICIAL by the haspital frer this certifice be detached fa	State Dept. af H	WE	While Not while of work of work	County Stote
ATTENDING PHYSICIAN: etained by the haspital ar CTOR: After this certificate should be detached for u	the Stat		220. I certify that (I) (this haspital) attended the deceased from	, that (I) (we) last ond hour and fram the
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, nage 3 should be detached for us	shauld be filed with the		224 DEGKEE PHYS. DIRECTOR PHYS. L	14/69
TO HOSI Page 4 NS TO FUNE	affin		BURIAL (REMATION, PROPERTY OF CEMETERY OF CREMATORY BURIAL (REMATORY)  REMOVAL (Specify)  FUNERAL DIRECTOR  ADDRESS  ADDRESS  DATALY 1 9 1969  CLICATION (City or Town)  ADDRESS  DATALAY 1 9 1969  CLICATION (City or Town)  ADDRESS  DATALAY 1 9 1969	(County) (State)  MACURE  Judge
	1.1	_	The state of the s	0

Water they are shown and make their case 1911/E 1 1009 80 27 E C S K TRIBOT EKSTON John Wilson Leola Paul Ves with 11 24-12 6357 Charmes Williams 5 41, 2/1/- 1 / 2/2 THERE I STATES THAT HAVE COME EASTER IN MINE